Lectures
ON
PUERPERAL FEVER.

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LECTURE II.—PART II.

CAUSES OF PUERPERAL FEVER.—THE CONSTITUTION OF THE PREGNANT WOMAN.

To the modifications impressed on the constitution by pregnancy must be added the great changes suddenly wrought by labour. The constitution of the puerperal woman is a compound result of the systemic condition induced by pregnancy, and of the revulsion, the shock, the local violence attending labour, and the processes necessary to restore the body to its ordinary condition.

No more striking idea can be formed of the abruptness and extent of the change undergone by a woman in passing from pregnancy to childbed than by stating the following fact determined by Gassner:*—

By the act of delivery the pregnant woman loses one-fifth part of her weight. This is probably a larger proportion than is lost by the patient who undergoes amputation at the thigh. It is true that things have been preparing so that this sudden fission, as we may call it, of the parent-body may be effected with the least possible disturbance. The embryo has attained a stage of growth rendering it capable of independent life. But still up to the moment of separation, nearly all, if not all, its nutritive and excretory functions are performed through the mother's blood. Part of this loss of weight consists of the child, placenta, and liquor amnii. The combined weight of these may average twelve pounds. All the remaining loss must come directly from the mother's system. First there is the hæmorrhage, more or less copious, which follows the expulsion of the placenta. In ordinary cases, where the uterus contracts fairly, the blood that so follows is, I believe, nearly restricted to that which was contained in the vessels of the uterus, and which is now squeezed out by the contraction of the organ. It is doubtful whether much of this uterine blood is driven back into the maternal vessels. It is superabundant, and is therefore cast out. But another, and a large part of the gross loss is thrown out gradually; that is, within a few days. It is this which puts the integrity and powers of the system to the test. The rapidity is marvellous with which the uterus passes from being the largest muscle in the body, weighing twenty ounces or more, to a weight of nine or ten ounces. The heart, too, loses weight, and an excess of blood and other fluids, and probably of solids, has to be got rid of. Now the organized solids, such as the muscular tissue of the uterus, can only be discharged by being in the first instance converted into soluble matter, which can be taken up into the circulation, and then carried to the excreting organs. Here, then, is an amount of work thrown upon the system unknown before. All that superabundant solid structure called into existence to build up the pregnant uterus has to undergo fatty metamorphosis, and the proceeds are rapidly absorbed into the blood. Thus the blood undergoes a new and extensive deterioration, to remedy which the utmost energies of the excreting organs are exerted. Hence we have commonly a greatly increased activity of the skin, manifested by perspirations and a peculiar odour, which shows that the skin discharges not water only, but effete organic matter; the kidneys also act freely, and not uncommonly an abundance of urate of ammonia and urea shows that these organs are discharging more than the usual excreta. The quantity of carbon and of watery vapour exhaled by the lungs is also greatly increased; and here again the peculiar puerperal odour, the "gravis odor puerperii," reveals the fact that the lungs too are called upon to assist in throwing out the useless organic matter.

In addition to this active work of elimination, there is a new work of formation. The secretion of milk is taking place. It is probable that in the performance of these two functions there is some amount of reciprocal aid. Some of the materials resulting from the fatty conversion of the uterus may serve in the formation of milk. Certainly involution goes on best under the influence of lactation. If the woman do not suckle, the activity of absorption is impaired; the uterus remains bulky; and I am persuaded that it is to the neglect of this natural duty that many mothers may trace the origin of those uterine engorgements and hypertrophies which are developed many months afterwards. Indeed, Gassner appears to have reduced this proposition to actual proof. He found the loss of body weight was less in non-suckling than in suckling women.

Dr. M'Clintock, who has made valuable observations on the pulse in childbed, says that in a large proportion of cases of normal convalescence from parturition the pulse scarcely deviates at all from the standard of health. Where this is the case, it may be inferred that the excreting organs are doing their work fairly. Dr. F. Winckel found the temperature of lying-in women slightly higher than during gestation; and he, as well as Dr. V. Grünewaldt and Dr. Traube, observed a marked and rapid rise in the temperature of the body whenever any inflammatory or febrile condition supervened. It is very rarely that things are so happily balanced in childbed that the establishment of lactation is effected without some degree of febrile movement. On the second or third day there is commonly increased frequency of the pulse and some heat of skin, sometimes even a slight rigor, attending the rapid filling and tension—a state often verging on inflammation—of the breast. This may be held to indicate a disturbance of the balance between the absorption of now superfluous matters and of their excretion. It is not, therefore, a "milk-fever," as it is commonly called. Nor is it, as some German authors describe it, a "wound-fever," the result of the uterine lesion. It is more strictly, I believe, a fever resulting from the accumulation of effete noxious matters in the blood, which cannot be kept down by the combined agency of excretion and lactation. This is, perhaps, *the simplest form of puerperal fever*. It might be called "*Excretory Puerperal Fever*." It is strictly autogenetic. Under favourable circumstances, lactation is fairly set up; the child stimulates and maintains the diversion to the breasts; the excreting organs, relieved by the assistance of the mammary glands, recover their efficiency; the blood is kept free from the in-pouring adulterating matters; and the fever subsides in three or four days. But let one of three things happen—that is, throw into the system any extraneous poison, as that of a zymotic fever, or the miasm arising from the herding of three or four lying-in women together, thus increasing the burden weighing upon the excretory organs; impair the efficiency of the excreting organs by bad ventilation, cold, excessive heat, poor diet, want of cleanliness; or take away from the excreting organs the assistance of the breasts,—and the seeds of fever will burst into active germination, delirium set in, involution be arrested, and you may have to deal with puerperal fever in one of its most formidable shapes.

And there is yet another source of danger. The local violence sustained by the uterus and surrounding tissues by the act of labour constitutes a serious element in the puerperal state. It is this local injury which many eminent physicians abroad regard as the most potent amongst the causes of puerperal fever. The condition of the blood as resulting from the disturbed balance of absorptive, excretory, and milk-forming functions upon which I have dwelt, has attracted but little attention. Let us examine the immediate effects of labour upon the parts concerned in parturition.

The child expelled and the placenta cast, what is the condition of the internal surface of the uterus? Some—as Cruveilhier, Ferguson, Simpson, and Heschl—liken this inner surface, especially that portion to which the placenta adhered, to a surgical wound, such as that made by amputation. The muscular layer of the uterine wall, they say, is bared; large vessels are torn asunder; there is a breach to be repaired, vessels to be closed. The area first denuded by the fall of the placenta is almost instantly greatly reduced by the vigorous contraction of the uterus. This reduction in superficies may be generally stated as being from sixty to nine square inches. Still there remains a considerable lesion to repair. On the other hand, more minute observation tends to lessen the points of apparent analogy between the uterine wound and the wound made by the surgeon. Robin, Kilian, Dr. Matthews Duncan, and others, show that the muscular coat is not entirely exposed; that a preparatory formation of new mucous membrane takes place during gestation between the old decidua or mucous membrane which has merged in the placenta and the muscular coat, so that when the placenta is shed there is a

* Monatsschr. für Geburtsk. 1862.

new fine mucous covering ready to protect the muscular coat. But notwithstanding this view,—in the general correctness of which I concur,—it must be admitted that the detachment of the placenta and membranes does not leave a perfectly smooth and clean surface. The old decidua adheres in shreds; clots of fibrin and blood project into the cavity, and here and there, as I have often ascertained by microscopical examination of aborted ova, of mature placenta, and of the uterus itself, the process of avulsion is so violent that not only decidua, but even muscular fibres, are torn away. We must, then, admit that there is a foundation for the comparison of a woman recently delivered to a patient who has undergone a surgical operation. Still I believe a too exclusive importance has been attached to the condition of the inner surface of the uterus. Other structures have undergone changes of considerable moment. I have never examined the body of a woman who has died within a few days after labour without seeing striking marks of the violence which, even under ordinary circumstances, attends that process. These effects are mainly traced in the cervix uteri, the os uteri, in the cellular tissue connecting the cervix uteri with the bladder, and in the cellular tissue of the broad ligaments. The expansion of the cervix is, in most cases, effected partly by the forcible protrusion of the child's head and body. The parts are violently stretched. The tissues undergo severe bruising, and even laceration. Small vessels give way. Ecchymoses, sometimes large effusions of blood,—the uterine hæmatocele of Dr. M'Clintock,—take place in the musculo-fibrous tissue of the cervix. For days after labour the flaccid lips of the os uteri, and the mucous membrane of the cervix, exhibit a deep slate-blue colour, almost black. In the peri-uterine cellular tissue I have always observed the following conditions:—The tissues loose; the interspaces large; and the whole infiltrated with serum, and sometimes containing ecchymoses, and even considerable collections of blood. Under certain conditions this state may pass into pelvic cellulitis. In addition to this there commonly remains great hyperæmia, and sometimes phlebectasis and venous thrombosis. The effused serum generally is quickly absorbed; but in the process it adds to the degradation of the blood. Here, then, we have a further local injury predisposing to local inflammation and general febrile reaction.*

The enumeration of the sources of blood-contamination is not yet complete. Two factors remain to be considered. First, there is the shock of labour itself. This is both physical and emotional. It must be supposed that in the majority of instances the nervous impressions attending and following labour are beneficial. But in some cases it is not so. The shock to the nervous centres may be so great as to cause universal paralysis and sudden death. The effect of lesser degrees of shock in perverting the blood is undoubted. Sudden emotion is often the starting-point of puerperal fever. In other cases heart or arterial thrombosis is traceable to it. But a more constant result of labour is the tissue-waste attendant upon severe and protracted physical exertion. This cause of blood-adulteration has not been sufficiently appreciated. Great mental tension and long-continued exercise of nerve-force entail rapid expenditure of the chemical elements of nerve-tissue. Dr. Bence Jones has shown that abundance of phosphates are formed in the urine after great mental exertion. In like manner great muscular exertion is attended by enormous expenditure of the chemical elements of muscle. Mr. Paget and others affirm that muscular action is always followed by the discharge of urea, carbonic acid, and water. Helmholtz shows that the muscles themselves, after long-repeated contractions, are changed in chemical composition. Dubois-Reymond has shown that the muscular juice, which, so long as the muscles are in a state of quiescence, possesses a neutral or faintly alkaline reaction, becomes, after they have been violently exercised, decidedly acid. Lacticacid is thus formed, and gets into the blood. Professor Ludwig again shows that arterial blood carried through a muscle in a state of contraction is almost completely deprived of oxygen. Dr. Edward Smith also has demonstrated that during great exertion the quantity of carbonic acid exhaled by the lungs becomes five times as great as it is during a state of repose during the day, and ten times as much as in repose at night. Brown-Séquard shows that the irritability of the muscles is extinguished by exertion. Thus in over-driven cattle, animals hunted to death, soldiers killed in battle, rigidity is early and short-lived, and putrefaction soon begins. It seems to me probable that the violent action of the uterus is the normal preparation for its involution. In this supreme effort the muscular tissue is wasted, softened, and prepared for liquefaction and absorption.

There are few occasions in life in which so much nervous and muscular energy is expended by a woman as in her first labour. She must then suffer in a high degree from the rapid conversion of nerve and muscle into waste matter, and endure from this source a further strain upon the excretory organs. I conceive this to be what takes place under the violent physical exertion of labour. A large proportion of water is thrown off from the blood; hence there is inspissation. There is accumulation of carbonic acid in the blood; hence there is hurried circulation in order to make up for the imperfect action of the lungs. Aëration cannot keep pace with the progress of deterioration. Under these circumstances the conservative powers are easily overcome, and the heart circulates a fluid deprived of vital stimulating properties, and charged with effete irritating matter. The result is a condition analogous to that state of exhaustion which issues in typhus. The system trembles on the verge of fever. I have known fatal pneumonia, pleurisy, and pericarditis ensue upon excessive physical exertion.

How important, then, is it to *shorten labour!*—that is, to cut short the waste of nerve and muscle, and to prevent unnecessary adulteration of the blood. Thus physiology emphatically condemns the old rule to let the head lie four or six hours in the pelvis before we interfere to release the patient from the torture of suspense and the agony of fruitless exertion. There can be no shadow of doubt that the timely use of the forceps may often save a woman from puerperal fever. I have also some reason to believe that in some cases chloroform, by removing the dread of pain and eliminating hurtful emotion, materially lessens the evils of excessive nervous action, and may thus indirectly lessen the danger of puerperal fever. It must not, however, be supposed that chloroform confers immunity against this disease.

To sum up the connexion between puerperal fever and the local and constitutional conditions derived from pregnancy and labour:—

1. Pregnancy induces a degraded condition of blood; throws an excessive burden upon the excreting apparatus; impedes the freedom of the circulation; causes hypertrophy of the heart.

2. Labour adds to the condition left by pregnancy: shock; extensive local injury; an enormous waste of nerve and muscle, the consequence of physical exertion; greater degradation of blood from this conversion of nerve and muscle, and also from the proceeds of the involution of the uterine tissues.

3. Hence a greatly exalted stress upon the excretory organs, and a general deterioration of the solids and fluids, inducing feeble physiological action, and therefore tendency to fall into pathological action; that is, to generate what in the strictest sense may be called Puerperal Fever.

* The condition of the uterine sinuses, and of the uterus as to contraction, will be discussed hereafter.

ON

EXCISION OF THE WRIST FOR CARIES.

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To save a human hand from amputation, and restore its usefulness, is an object well worthy of any labour involved in it. When caries affects the shoulder or the elbow, the limb is preserved by excision of the diseased joint, and the brilliant success of these operations naturally suggested a similar procedure for the wrist. The first attempt of this kind appears to have been made as early as the close of the last century by the younger Moreau, who, however, gives but few details of his case. In 1839 a German surgeon, named Dietz, is said to have removed all the carpal bones, together with the ends of the radius and ulna, on account of caries.* But as such an operation must necessarily have been very painful and protracted, we cannot wonder that it was not repeated till after the introduction of chloroform, when, in 1849, Heyfelder, of Erlangen, excised the wrist-joint for disease, and he has been followed by many surgeons, both British and foreign, who have adopted various methods of effecting their object.

The results of this practice, however, have not proved en-

* See O. Heyfelder, Operationslehre und Statistik der Resectionen, p. 262.

couraging. For although several instances of success have been put on record, it is generally admitted that these are quite exceptional,* and amputation is now again considered by most surgeons the appropriate treatment for caries of the carpus.

About two years ago a more hopeful view of the subject was suggested to me by a case of injury under my care in the infirmary. The patient was a young man, seventeen years of age, who had fallen about fifty feet down the shaft of a coal-mine, and, besides fracture of the left thigh, had sustained a compound dislocation of the wrist of the same side, the articular ends of the radius and ulna protruding anteriorly for about an inch and a half through a large irregular wound. I sawed off the exposed portions of the bones, and placed the limb on a splint; and, commencing passive movement of the fingers early, and maintaining it perseveringly, I had the satisfaction of seeing him, at the end of five months, with a hand nearly as supple and strong as the other, the chief difference between them being that the wrist of the injured side was rather more slender than the sound one.

This case appeared to me to throw light upon excision of the wrist for disease. In the first place it was clear that no operation, intentionally performed, would do such violence to the tendons as must have been inflicted in that accident, both on the flexors through which the ends of the bones were so rudely thrust and on the extensors wrenched out of their sheaths in spite of the secure connexions of the annular ligament. Hence the favourable issue of this case indicated that the tendons might be very freely dealt with in gaining access to the carious bones without inducing stiffness of the fingers, provided the after-treatment were rightly conducted.

And in the second place, the fact that a useful hand had been retained after the loss of so large a portion of the bones, suggested that the same happy result might follow removal of the whole articular apparatus of the wrist; that is to say, excision of all the carpal bones, together with the ends of the radius and ulna, and the bases of all the five metacarpal bones.

If this were done, recurrence of the disease, the grand cause of disappointment in excision of the wrist, would, as I hoped, be avoided; and the operation would be placed on a par with excision of the elbow, which, if properly performed, may be relied on with almost absolute security for complete extirpation of the caries. I have long believed that the reason of the remarkable success attained in this respect by excision of the elbow is that the surgeon (when operating in the manner to which I allude) takes away in all cases, however limited the disease may seem, the entire surface covered with cartilage. For it is in the cartilage that caries commonly takes its origin, and even parts of it which may appear sound in a carious joint seem apt to be affected in an insidious, incipient degree, and if left behind may lead to recurrence of the complaint. But, in excising the wrist, all that has hitherto been aimed at has been to take away such portions of the bones as are found to present unhealthy characters, leaving behind more or less of the articular surfaces, which, from the forearm to the metacarpus, may be viewed with reference to caries as forming a single complicated joint, though subdivided in health into three synovial sacs. On the other hand, if the whole of the structures thus liable to morbid action were cleared out, there seemed good reason to hope that success in excision of the wrist for caries might become the rule instead of the exception.

A few months later two cases of caries of the wrist presented themselves for treatment, and, after some experiments upon the dead body, I resolved to test the new principle upon them, and operated upon both on the 16th April, 1863. Since that time the practice of our large infirmary has afforded me frequent similar opportunities, which have enabled me gradually to improve both the operative procedure and subsequent management, and also to judge fairly of the ultimate results. These having proved fully equal to my theoretical anticipations, I now feel called upon to bring the subject under the notice of my professional brethren; and first I will give shortly some illustrative cases, reserving meanwhile the details of the treatment.

CASE 1.—Elizabeth M'K——, a millworker, aged forty, in good general health, was admitted Oct. 27th, 1862, on account of suppuration of the right carpus, resulting from the hand having been violently pinched in a door. Pus was discharged from openings at the back of the wrist, and the carpal bones were felt to grate upon one another on manipulation.

The disease being of traumatic origin, I hoped it might subside if the limb were kept at rest upon a splint, and free exit were provided for the discharge. This treatment was persevered with for upwards of five months, but proved unavailing; and she also continued to suffer considerable pain. Accordingly, on the 16th of April, 1863, I removed the carpus, and at the same time took off so much of the bones of the forearm and of the five metacarpal bones that the interval between them where they were divided measured two inches and a half. The bones of the carpus and the metacarpal bones of all the fingers proved to be extensively eroded by caries.

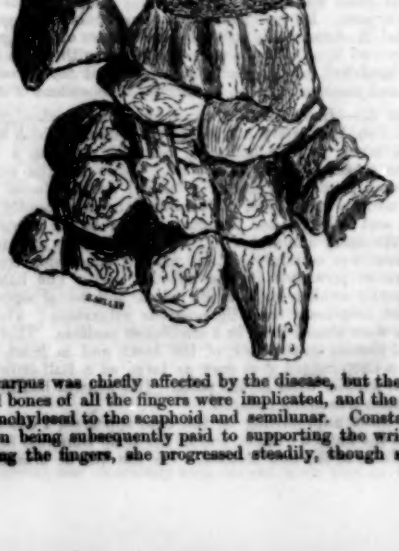
Seven weeks after the operation the limb was almost healed and promised a most satisfactory result, when, being an ignorant woman, and mistaking our efforts to maintain the flexibility of the fingers for attempts to break them, she ran away from the hospital, and did not show herself again for nearly five months, during which time she had kept the fingers extended and motionless upon the splint she took out with her. Consequently they were almost absolutely rigid, and the movements of the thumb were also extremely limited, so that the hand was nearly useless, while, from the position in which it had been habitually held, it had acquired some tendency to droop towards the ulnar side. It was, however, soundly healed; and, through repeated forcible movement under chloroform to break down the adhesions of the tendons, and the use of a leather splint to support the palm and ulnar border of the hand without interfering with the thumb or fingers, it improved remarkably, and when she left the hospital in April, 1864, she could use it for wringing a cloth, or knitting a stocking. The improvement has since been progressive. In August it was found that without the splint she could readily lift a kettle of water weighing six pounds, implying a most satisfactory command of the muscles over the newly formed articulation. At first I had aimed at anchylosis of the wrist, but was now much better pleased to see that it retained the power of flexion and extension, eversion and inversion, pronation and supination. Even now (March, 1865) the limb is still increasing in strength, in proof of which she lately raised with outstretched hand a pail of coals weighing 16½ lbs. She has for the last six weeks entirely discarded the support, having found the hand exactly as strong without it. The new wrist is now as firmly knit as the sound one, but more slender in consequence of the radius and ulna having been so freely resected.

CASE 2.—Margaret W——, aged fourteen, a sewing-machine worker, was admitted March 20th, 1863, when she stated that a swelling had appeared five months previously on the back of her right hand, which, however, remained free from pain till within about three weeks, when suppuration occurred. An incision was made by her medical attendant, but this failed to relieve her; and when she came into the infirmary she was still suffering severely, while there was also considerable swelling of the hand.

The limb was placed on a splint and poulticed, but additional abscesses formed and opened, and at length the probe distinctly indicated caries of the carpus.

On the 23rd of May I excised the parts represented in Fig. 1.

FIG. 1.



The carpus was chiefly affected by the disease, but the metacarpal bones of all the fingers were implicated, and the radius was anchylosed to the scaphoid and semilunar. Constant attention being subsequently paid to supporting the wrist and bending the fingers, she progressed steadily, though slowly.

* See Erichsen's Science and Art of Surgery, fourth edit., 1864, p. 768; Holmes's System of Surgery, vol. iii., 1863, p. 812.

Thus seven weeks after the operation the hand no longer drooped when the arm was extended horizontally; three months and a half later she could take up a roll of bandage between the finger and thumb; and when three months more had elapsed she knitted part of a stocking without using any splint. About this time, as she had never learned to write, the nurse of the ward taught her the art, which, being a clever girl, she soon learned; and half a year afterwards I received from her a letter, well written with the affected hand, requesting a certificate of soundness for the satisfaction of her old employer, who was about to re-engage her. In August, 1864, I saw her again. She was then employed at the sewing machine, earning ten shillings a week, with the expectation of eleven shillings before long, as she was considered one of the best hands at the work. She still wore a leather support for the palm, but without it could lift a heavy weight with the arm horizontal. She stated that there had been no discharge from the hand for the last two months; and that the only way in which she could convince her friends of the nature of the operation she had undergone was by showing to them her two arms extended side by side, the affected limb measuring two inches less than the other from the elbow to the finger-tips. Lastly, in December, 1864, I learned that the hand was still constantly increasing in strength, and that she was on her full wages.

CASE 3.—William C——, aged eighteen, a clerk, was admitted January 14th, 1864. Two years previously I amputated the great toe of his right foot on account of strumous disease. The wound was slow in healing, and in walking with a stick he thinks he overexerted the right wrist, which became swollen and disabled, though for a long time free from pain. The treatment employed failed to arrest the disease, and at length suppuration occurred; and a probe introduced through one of the openings by which the matter escaped passed down to carious disease in the carpus. The hand had now been useless for a twelvemonth, and I recommended him to submit to excision, for which purpose he came into the infirmary.

On the 16th of January I removed the carpus, together with the articular ends of the adjacent bones. His progress afterwards was satisfactory. Within seven weeks of the operation he could bend the fingers, and raise the metacarpus by muscular action at the same time; and five weeks later he left the hospital, able to pick up light objects with the unsupported hand, and to execute to some extent all the natural movements of the wrist-joint. In August, after four months more had elapsed, the actions of the wrist were much more free, and the new joint was so secure that without any splint he could support a kettle of water weighing six pounds and a half upon the radial border of the hand with the arm extended horizontally, and easily lifted a chair with the arm vertical. He bent the fingers imperfectly at the knuckles, but moved their other joints and both those of the thumb very freely, and he could hold a pen so as to write with considerable steadiness. In September all discharge finally ceased. The hand has since remained perfectly sound; and when I saw him in December, 1864, there was nothing in its appearance to attract attention. He was engaged in a situation where little writing was required, but the hand was becoming more and more serviceable for that purpose. Its grasp also was considerably stronger, and he used it occasionally to work the bellows of a forge. He still derived benefit from a palmar support with which he had been furnished, but he had gone without it for a week at a time, and promised soon to be entirely independent of it.

CASE 4.—Helen M——, aged fourteen, a schoolgirl, admitted Feb. 19th, 1864, attributed the disease, which had appeared seven months before in her left wrist, to a violent squeeze experienced at that time. Three months after the accident it suppurated, and was opened on the dorsal aspect by a medical man; but its condition became rapidly aggravated, and at length her parents sent her to the infirmary to have the hand amputated. That this was the only feasible treatment was certainly a most natural conclusion from the appearance presented by the affected part. The hand was enormously swollen both on the palmar and dorsal aspect, and drooped helplessly from ligamentous relaxation; while the fingers were almost fixed in a semiflexed position. There were several sinuses on the back of the hand, and in front of the wrist a deep ragged grey sore as large as a half-crown, and another smaller ulcer on the palm. Her general health at the same time was much reduced.

But most unpromising as the case appeared, I determined to give the hand a chance, and at the same time test fully the capabilities of the new method. On the 5th of March I removed the carious mass, when the metacarpal bone of the middle finger proved to be so extensively affected that it was necessary to drill it with the gouge into a mere tube, which must have reached to near the knuckle, as a portion of the cartilage in connexion with the epiphysis was removed by the instrument.

The result turned out satisfactory, and she left the hospital on the 30th of July, with the sores and sinuses almost healed, and able to move all the fingers freely, and also, at an earlier stage than in any previous case, to raise the knuckles above the level of the forearm by muscular effort. In October she could support a kettle of water on the radial border of the hand, and her general health was completely re-established. In the middle of December she could take up a quart bottle full of water, holding it by the neck between her forefinger and thumb. She was herself disposed to dispense with the palmar support, but was recommended to continue it, so as to favour as much as possible the rapid increase of strength and usefulness. There had been no discharge for the last month, except a little moisture on the removal of a scab; and the part once so greatly deformed was nearly natural in appearance. When I last saw her (March, 1865), she told me she was learning to work at a sewing machine, and found her hand thoroughly useful for the purpose.

CASE 5.—Thomas M——, aged twenty-one, a miner, was admitted on the 8th of July, 1864. About six months before, when suffering from small-pox, he was seized with inflammation in the right tibia and the left carpus, resulting in necrosis of the former and caries of the latter. When he came into the hospital the back of the wrist was swollen, and presented two sinuses, through which a probe could be passed down to the diseased bone. The hand was extremely feeble, and drooped when the arm was extended horizontally. It was very painful, interfering seriously with his night's rest, and his general health was otherwise much deranged, his pulse being 135, and his appetite impaired, while he was constantly bathed in perspiration.

On the 16th of July I extracted some exfoliations from the affected tibia, and also removed from the wrist the parts represented in Fig. 2. A carious cavity occupied the place of the

FIG. 2.

semilunar bone, and the adjacent part of the cuneiform was excavated. The other carpal bones, except the trapezium, were anchylosed into one mass. Two days after those operations his pulse had fallen eleven beats, and after two days more he was recovering his appetite, and had lost his perspirations, while his former anxious expression was exchanged for that of cheerfulness. The improvement in his general health continued, and the hand made most satisfactory progress. Six weeks and six days after the excision it was soundly healed, and the swelling had entirely disappeared. He could move all the joints of all the fingers and both those of the thumb, and performed to some extent all the natural actions of the wrist. A fortnight later he stood the test of lifting a weight of six pounds and a half with the unsupported hand in the horizontal position of the forearm. In November, four months after the operation, the movements had so greatly increased in freedom and firmness, and the hand had so thoroughly natural an appearance, that it was with difficulty some of my medical friends could be persuaded that the carpus had been removed at all, more especially as a growth of new bone from the radius presented considerable resemblance to the prominence of the os magnum.

On the 13th of February he entirely discarded the leather

support, which for some time he had only worn at night as a safeguard, and now (March) his hand has a powerful grasp, and is in all respects nearly, if not quite, as useful as ever.

CASE 6.—Mary Ann L——, aged nineteen, a millworker, was admitted on the 22nd of October, 1864. Her case differed from any of the preceding, in being extremely acute. Ten days before her admission, pain came on at night in the right wrist without any assignable cause, and increased from day to day till it became agonizing. When I first saw her the whole hand and the neighbouring part of the forearm were greatly swollen and fiery red, and contained a considerable amount of pus, which I evacuated by very free incisions. This relieved her only temporarily; and, when she had been in the hospital twelve days, it was obvious that some very decided treatment was called for. During the whole of that time she had taken nothing but water, and had slept very little, so that her flesh and strength were rapidly diminishing; and, on manipulation of the wrist, it felt like a bag of loose grating bones.

Though I feared that the tendons might have sloughed from vicinity to such intense inflammation, and that the case was likely to do little credit to the operation, I felt it my duty to remove the carpus with the neighbouring articular surfaces, which I did on the 2nd of November. The carpal bones were found almost entirely detached from one another, and all of them, as well as those of the forearm and the metacarpal bones of the fingers, were eroded by ulceration. The tissues beneath the extensor tendons were so disorganized as to break down readily under the finger; but, happily, the tendons themselves had not suffered seriously, as was proved by the event.

The second night after the operation she slept without an opiate, and on the following day took some beef-tea; and from this time forward she regained her strength and flesh as quickly as she had previously been losing them. The cavity produced by excision of the bones consolidated with great rapidity. After three weeks she could pick up a roll of bandage with the finger and thumb of the unsupported hand; and on the 28th of December (eight weeks from the operation) cicatrization was complete. The wrist was then already firmer than in any previous case at that period, so that the base of the hand could not be moved from side to side at all, though she could herself perform flexion and extension, pronation and supination, with increasing freedom. She could also use every joint of the fingers and thumb, which were growing more and more supple as they gradually lost the thickening of tissue which the acute inflammation had induced. At the present time (March, 1865), though she wears a leather support as a measure of precaution, she can write a fair hand without it, and also employs herself frequently with knitting or crotchet-work.

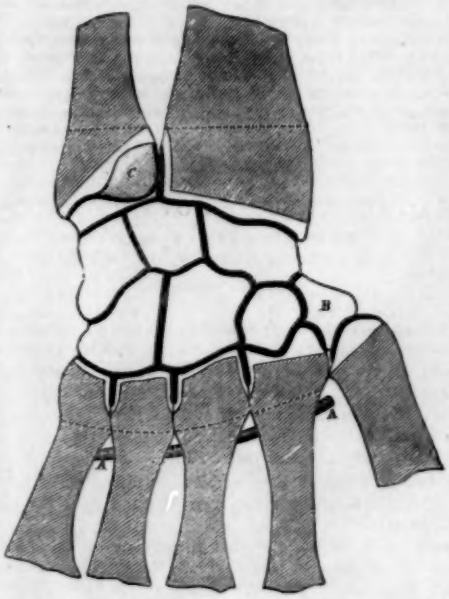
In reading the above cases it will have been observed that the later ones show a superiority over the earlier, both in their rate of progress and in their results. This is due principally to successive improvements which experience has suggested in the mode of treatment.

In the earlier cases I made two longitudinal incisions, both on the dorsal aspect of the limb, one at the radial, the other at the ulnar side, sacrificing in the radial incision the extensor of the second joint of the thumb; then divided the extensors of the carpus opposite the wrist-joint; and having detached the tendons sufficiently from the radius and ulna, removed the articular ends of those bones by means of a small saw and cutting forceps applied transversely. Next, after separating the tendons from the carpus, I sawed or clipped through the metacarpal bones of the fingers, so as to extract their extremities together with the greater part of the carpus in a single piece, dissecting out afterwards any articular portions that remained.

This method proved far from perfect, both in the way in which the bones were dealt with and in the mode of gaining access to them.

As regards the bones, it was objectionable in two ways. In the first place, the bones being divided transversely so as to include all the cartilage-covered surfaces, a needlessly large amount was removed both from the radius and ulna and from the metacarpus. In a case of disease apparently limited to the carpus, the essential principle of the operation would be carried out by merely taking away what is represented by the unshaded parts of the accompanying diagram (Fig. 3), taken from a faithful sketch of the bones of the right wrist, the thick lines indicating the extent of the articular surfaces. But the original method sacrificed in all cases at least as much bone as is included between the dotted lines of the same diagram, and it will be readily understood that the greater loss both of length and breadth of the bones must have interfered seriously with the process of consolidation, and impaired the ultimate strength of the hand. This point may be further illustrated by comparing the sketches in Figs. 1 and 2, of which the former exhibits the parts removed according to the first method in Case 2, and the latter the portions excised on an improved plan in Case 5, which was very similar as regards the extent of the disease.

FIG. 3.



A A, deep palmar arch; B, trapezium; C, articular surface of the ulna, over which the radius moves.

But a greater objection to the original procedure lay in the fact that, the bones being divided in the dark, there was serious risk of leaving behind some portions of the disease; for it is, of course, impossible to know beforehand the precise extent of the caries, and when the bones have been confused by operative interference, it is somewhat difficult to judge accurately of their condition.

In order to attain completely the twofold object of taking away all the disease, and leaving behind all bone that may be relied upon as sound, it is desirable that both the radius and ulna and the metacarpal bones should be presented untouched for examination; and in my later cases this condition has been fulfilled in a thoroughly satisfactory manner by removing the carpus in the first instance, when the free space so afforded permitted me to deal methodically and surely with the other bones.

The soft parts, too, were by no means in the best possible condition after the original operation. In exposing the ends of the bones, and especially the radius, for the application of the saw or pliers, the tendons were separated from their sheaths to an extent which the preliminary removal of the carpus renders quite unnecessary. They consequently acquired a disposition to contract adhesions to neighbouring parts, which occasioned a great deal of needless trouble in the after-treatment.

Again, the division of the extensors of the carpus opposite to the wrist-joint gave less power of raising the hand than was afterwards obtained by cutting them long at their insertions into the metacarpus, and so imitating as nearly as possible the natural arrangement. This point seemed deserving of consideration when the progress of some of the cases had proved that those muscles will regain command over the hand. The idea was first acted on in Case 3, that of William C——, and the result in him and in all that have followed him has shown that it is well worthy of attention.

I also found that by properly planning the radial incision it was quite unnecessary to sacrifice the extensor secundi internodii pollicis, and in the more recent cases the second joint of the thumb has commonly been moved with perfect freedom,

whereas in the earlier ones the first joint only was capable of any material motion.

Lastly, it appeared that to have both the incisions on the dorsal aspect of the limb was by no means the best arrangement; for, while the radial incision must necessarily be at the back of the hand, that on the ulnar side is advantageously made towards the palm, where it gives the most ready access to the palmar surface of the carpus, and avoids injury to the tendons of the extensor carpi ulnaris and the extensor minimi digiti, while it affords a dependent opening for the escape of discharges from the cavity.

The foregoing discussion of the defects of my first mode of operating will, I trust, prevent other surgeons from going over the laborious ground of gradual improvement over which I have travelled, while it will enable the reader to appreciate the advantages of the method which I now venture to recommend.

(To be concluded.)

ON OVARIOTOMY AND OVARIOTOMISTS.

BY CHARLES CLAY, M.D.,

LATE SENIOR SURGEON OF ST. MARY'S HOSPITAL, MANCHESTER.

(Continued from page 228.)

I WOULD also add another remark or two in reference to the large incision. In the whole 130 cases in Mr. S. Wells's volume, 49 only are recorded as strictly within the meaning of the *small incision operation*,—that is, within and up to four inches; and what is the result of these 49 cases taken by themselves?

Cases, 49 ... Recoveries, 31 ... Deaths, 18;

thus showing a large fatality; and if any success be claimed by Mr. Wells, it assuredly must arise as much from the large as *the small* incision.

Lastly, Mr. Wells states that the "plan of uniting the wound by including the peritoneum in the sutures is one also worthy of remark." Does Mr. Wells intimate by this that he is the first to propose this practice? If so, he labours under a great mistake. I have always brought the edges of the separated peritoneum together, and have always advised my friends (who have applied to me) to do so (and Mr. Wells as one of them). Certainly Mr. Wells can lay no claim to originality on this point, as I have practised it since 1842—long before he practised as an ovariotomist.

On the Temperature of the Room during Operation.

I have always maintained that it is in the highest degree important to have the room heated to about 75° F.; that it is necessary in all cases, and more particularly in those operations which, from various causes, take a long time. If any exposure of the abdominal cavity or its organs be unavoidable, the danger may be best met by the raised temperature of the room, and the case will thus be less liable to shock. That my own operations owe a large portion of their success to this means I feel certain, and I do not intend to discontinue the practice. Mr. Wells, on the contrary, considers temperature of little consequence. He gave that opinion at the London Obstetrical Society when I was present, and has repeated it frequently to myself and others. I naturally expected his published cases would fully illustrate his own opinions, as different from mine as is the small from the large incision. If the time occupied was the point for deciding as to the use of high temperature, Mr. Wells stood more in need of it than myself, *his* operations occupying often *three-quarters of an hour;* whilst *mine* seldom took more than *fifteen minutes*, and often much less, including the application of chloroform. On examining his cases, it will be seen that, as a rule, he is silent on this point; and had he been so altogether, it would have been supposed that he had, as he publicly stated, considered the raised temperature as useless and unnecessary. But as a few quotations sufficed to show that he had condemned, and yet generally adopted, my large incision; so he also condemns, *but nevertheless adopts*, my plan of raised temperature. Thus at page 69: "Dr. G. and Mr. Q. were so careful in drawing out the cyst as it was emptied, and protecting the edges of the wound with hot flannel," &c. I would observe that if, in the above case, a higher temperature was necessary, it was clumsily applied; as the two pairs of hands would incommode the operator, and might easily have been avoided by simply raising the temperature of the room. This operation lasted three-quarters of an hour, and I am not surprised at the result being *death*. Again, at page 188: "The precautions of warm room, warm clothes, &c., as previously described, were all taken." Surely Mr. Wells had forgotten his starting-point, to make this admission. But to proceed. At page 168 I find this: "The temperature of the atmosphere was at the time very high; nevertheless a fire was lighted in the bedroom to secure a sufficient amount of warmth during and after the operation." I am sure the reader will imagine I have taken this extract from my own writings, not from Mr. Wells's, who considers that raised temperature is of no importance. Generally, throughout his book, he avoids mentioning the temperature of his operating room; the quotations just given, however, lead me to infer that he adopts the high-temperature system, but does not acknowledge it. He wisely ignores the subject in his index, thinking perhaps that few would trouble themselves to search the subject out (not seeing it there), but would conclude that his opinions and practice were consonant with each other. Temperature is, then, in my opinion, of especial consequence, and I believe materially adds to the favourable character of results in such operations.

Extra-peritoneal Pedicle Treatment against Intra-peritoneal Treatment of the same.

Another striking contrast between Mr. Wells and myself is in the mode of treating the stump of the pedicle after the tumour is removed. In my own cases I have invariably adhered to one plan, simply that of a strong Indian hemp ligature, securing the whole stump, one end of the ligature cut off, taking care that the part intended to slough away be left as small as possible, consistent with safety from the ligature prematurely slipping off; and then the stump is allowed to resume as near as possible its natural position within the abdomen, and to lie in as perfect repose as the parts will allow; the other strand of the ligature, brought out at the lowest part of the external incision, to act as a drain, whilst the dead end of the stump of the pedicle sloughs away. In this plan I have met with no difficulties. I have not seen any deaths that I could for a moment attribute to pyæmia, and I believe many of the deaths recorded as owing to that cause might fairly be attributed to other and more simple agents. So far as ovariotomy is concerned, a few may die from shock; very few from hæmorrhage in some form, or over-chloroforming; and peritoneal inflammation may occasionally destroy; but the greatest number by far of deaths are from prostration, or want of power to rally after so formidable an operation, particularly when it is considered that almost all the cases are very far worn down by long-standing disease, weakened by extensive sac-secretion, and by unusual pressure on the digestive and respiratory organs previous to operation. I do not believe in the absorption of pus from the peritoneal cavity, and even if it were possible, I still think, that with the lower end of the wound open, and the ligature passing through as a drain, no such accumulations or absorption can occur, and that by this means any bad effects of a sloughing portion of the pedicle-stump are done away with. With this drain I have never been troubled with collections of blood, pus, or serum, requiring fresh openings of the main incision, or puncturing with trocars. If anything could justify my practice of the drain it is the following quotation from page 23 of Mr. Wells's work, and enforced on his notice by the preceding cases as an important point of consideration:—"It is the evacuation of serum collecting in the cavity after the operation, by opening the wound as suggested. Whatever may be thought of the hypothesis there advanced, it is very clear that in the case above narrated the practice so recommended was attended with marked success. The first evacuation was followed by immediate amendment." And again: "Some days afterwards the alarming symptoms disappeared soon after the escape of pus." And again: "On two or three occasions, when the opening became plugged up accidentally, the patient complained of pain, and became feverish, but immediate relief was afforded by a free discharge." Then there are many cases in this volume that sufficiently prove the bad practice of entirely closing the external wound. I cannot point to all, but Cases 36, 39, 59, and 101 had all to be relieved by trocar from pelvic accumulations of pus, blood, or serum, days after the operation. In Case 71 the wound had to be reopened for the same purpose; whilst Cases 76 and 90 relieved themselves by the pedicle, and in Case 60 forty ounces were found in the cavity on post-mortem examination. Not one of these mishaps ever occur under my plan of ligature drain, and the moment pus shows itself by the ligature at the orifice of the wound, I have

always hailed it as one of the best prospects towards ultimate recovery, and have scarcely ever been deceived in my anticipations of the recovery. As I have not changed my tactics from time to time, the tables previously given will amply show if this practice is right or wrong. Mr. Wells commenced with the plan of intra-peritoneal pedicle treatment, and I do not observe that his results are worse by that than by the other plans he evidently thinks more of. He tries cutting off both ends of the ligatures, and allowing the pedicle-stump to retreat into the abdomen without any drain ligature or outlet. I find nine cases by this plan, in which (as might be naturally supposed) the deaths exceeded the recoveries. Then followed the plan of dragging the stump by traction to the opening of the external incision, and fixing it there by ligature or clamp, so that the ulceration or sloughing of the stump *be outside the peritoneal cavity*, and the stump itself is supposed to be adherent to the abdominal parietes. Novel this plan may be, but it is anything but good surgery. To keep an organism on the stretch when it ought naturally to be at rest, to keep up irritation and excitement when every means should be put in force to allay such symptoms, to form an adhesion between the stump and the parietes where nature is averse to such a connexion, is never justifiable except in cases of sheer necessity (as in artificial anus), and I do not hesitate to declare it an example unworthy of the nineteenth century. Granting Mr. Wells all the success he can claim for this relic of barbarous surgery (and I affirm from his cases that it is far from being successful), is it justifiable? I am inclined to think, when calm reflection has been bestowed upon it by the profession, such practice will be condemned. The consequence of tying down by adhesions one horn of the uterus by the short stump of the pedicle firmly to the parietes is this: that if the adhesion be firm (and Mr. Wells tells us, in one case after death not long after operation, the adhesion was most difficult to separate), the uterus during gestation cannot rise and enlarge without either great obliquity of the uterus or rupture of this adhered stump of the pedicle, from which fatal hæmorrhage in all probability might take place. In remarking on this anti-surgical idea of adhesion, Mr. Wells says (p. 140): "The union of the pedicle with the abdominal wound acted as a very effectual safeguard against prolapsus uteri." Now, I venture to ask Mr. Wells this very plain and simple question—If this adhered stump effectually prevents the uterus from prolapsing downwards, will it not *as effectually* prevent its rising during gestation? and to entail such an evil on prospective female life is evidently questionable surgery. But then Mr. Wells points out this fact: "Five women have borne children after the operation, mothers and children all having done well after easy and natural labours." I can only say in answer, let me examine the particulars of these cases. In the first place, I can only find *four*, and of these Case 27 is so very vaguely expressed that it is impossible to prove from it that the pedicle-stump was adherent to the parietes after operation. In Case 38 there *was no such adhesion*. Then there remain but two—Cases 9 and 53. The one was delivered thirteen, and the other fifteen months after operation, and I firmly believe in neither of these cases did any adhesion exist of the stump to the parietes; or if it did, it must have subsequently given way, and allowed the uterus liberty to assume its different positions during the gestative process; otherwise, as an accoucheur, I pronounce it next to impossible that gestation could progress without either great obliquity of the uterus (a circumstance of no small importance) or a rupture of the adhered stump, neither of which could occur without the greatest possible danger to both mother and child. I therefore infer from these cases that the pedicle-stump *had not continued firmly adherent to the parietes*, but had retreated, whilst the outer wound was apparently closing. These two cases are not sufficient to establish this point as a fact, more particularly as Mr. Wells states in Case 36, and again in Case 39, as well as in many other places, that the pedicle was severed nearly close to the uterus, and also frequently complains of the shortness of the pedicle. Now, let an accoucheur imagine the difficulties of the gestative period if such a fact as that of a firm adherence of almost the very horn of the uterus to the parietes had to be contended with.

Traction of the Pedicle-Stump.

I have now to draw attention to another point, which I hold to be a most serious objection to the extra-peritoneal treatment of the pedicle; and that is, the tension or stretch to which the pedicle-stump is put to enable the sloughing portion to be kept outside the incision by the ligature or clamp. In either case a most unnatural and anti-surgical practice if it can be avoided. I have already maintained the most natural is to return the stump as nearly as possible to its normal position, whilst attached to it is one ligature to pass outward through the lower part of the incision to act as a drain. The success of this practice has been sufficient to warrant its continuance. Now, what do I find in Mr. Wells's book to confirm these views? 1st. He tells us that the pedicle was extremely short in a great number of cases; and I find, without going very critically into the whole, about 50 out of the 116 cases recorded positively as very short pedicles, whilst many others are so vaguely expressed that it is impossible to tell if they were short or long. Another certainty is, very few cases are recorded as long pedicles. The presumption therefore is, that considerably more than half the cases are short pedicles. Then everyone will allow that a short pedicle when severed leaves a still shorter portion behind; and it necessarily follows that, in a large proportion of cases, Mr. Wells's practice is to put this remaining portion to considerable tensity by the ligature or clamp to keep its sloughing portion outside the abdominal parietes. The pain and misery attendant on this tension may easily be conceived. And what are the consequences? Mr. Wells tells us in many places "that he was compelled to relax the hold of the clamp to relieve the excessive pain." And, at p. 61, "I found that the tissues included could not be brought outside the wound without exerting a dangerous degree of traction on the uterus." Again, at p. 67, "Strangulation of intestine might also be caused by a loose ligature, although not so *readily as a tight pedunele*." With respect to the above remark, I may observe, I have never seen any strangulated intestine in my operations. But to proceed. At p. 84: "I removed the pin which transfixed the pedicle, thinking the traction on it might keep up the sickness." Also, at p. 141: "Considerable traction was necessary to keep the clamp outside." And lastly, at p. 150: "As there was considerable traction on the clamp, I transfixed the pedicle close behind it." With many other similar statements throughout the volume, evidently showing the mischievous consequences of traction on the stump of the pedicle, which had so often to be altered to relieve pain. Then there is a friable condition of the pedicle itself, a circumstance very common, and which, if traction is exerted only in a small degree, is full of danger from rupture of the tissue with its vessels—a danger never to be feared in the intra-peritoneal treatment of the pedicle-stump. These friable pedicles, and the dangers attendant upon their tension, are well illustrated in Mr. Wells's book by Cases 107 and 60, both of which died. The dangers also from hæmorrhage must not be overlooked as unimportant. When parts are kept in a state of tension (even if not in a friable condition), the tissues and vessels are liable to give way, giving rise to extensive hæmorrhage, often difficult to suppress, as it occurs between the teeth of the clamp and the uterus, and occasionally fatal. Every surgeon knows the value of structures contracting on themselves in suppressing hæmorrhage; and it is on this principle I never waste my time in taking up small vessels in the parietes, knowing too well the importance of time, and the non-importance of these small branches, which cease to bleed as soon as the parts contract; *in fact, I have seldom had occasion to tie any vessel severed by parietal incision.*

But to keep the parts on the stretch (as by the clamp, &c.) is to encourage hæmorrhage, and I find numerous examples of this evil in Mr. Wells's book, where the clamp had to be removed or re-applied, or ligatures substituted, or my plan of intra-treatment fallen back on. Thus at page 12: "I enclosed it in a clamp, and screwed it as tight as possible; but after cutting away the tumour, one end of the pedicle slipped from the clamp, and I was obliged to transfix it and tie it into two portions to stop a rather free hæmorrhage." At page 26: "A vessel &c. bled a little; but it was stopped by putting on a second clamp and a strong twine ligature." At page 144: "At night, finding some oozing of bloody fluid around the pedicle, I applied a ligature tightly beneath the clamp. At page 114: "I found free bleeding from the side of the pedicle." At page 229: "I separated it, to lessen the breadth of the pedicle and *diminish the pull on the uterus*. The pedicle secured by a clamp; some of the stump had slipped through, and had given rise to bleeding. I put a ligature under the clamp." At page 108: "I found free bleeding between the clamp and uterus. I put on a second clamp, but this pressed through the soft pedicle as the first had done. I had to grasp the uterus and tie the artery, &c." These are only a few out of the many cases related in Mr. Wells's volume; but amply sufficient to show the dangers attendant on traction, where Mr. Wells was obliged to alter his plans. But if any quotation can show the indecisive character of Mr. Wells's ideas, it is the following; of course looking upon him as the advocate of the traction

plan with the extra-peritoneal treatment of the pedicle-stump. At page 17 he says: "If there were physical signs of serous effusion, I would provide for the escape of this serum &c. through some portion of the wound"! And again: "In case of short peduncle, I would either cut away a portion of the cyst, so as to add to the length of the pedicle, or *I would rather leave the stump in the abdominal cavity than exert much traction upon the uterus*"! This is so ample an admission of my own practice that I feel greatly indebted to Mr. Wells for so clearly defining it.

I am also compelled to add another evil which I believe arises from this traction of the pedicle, and that is tetanus. Mr. Wells had *three* distinct cases, and a fourth less distinct, which he terms hysteric. In the first case (9) the traction was not severe from the first, and it recovered; in the second case (12) the pedicle-stump was short, the traction severe, and the patient died; and in the third case (35) there was severe traction of the stump, as well as a portion of the omentum pulled outside, and kept there: this patient also died. I should not have thought it necessary to look for any other cause of tetanic spasms than these. Indeed Mr. Wells partly admits this view at page 106. He says: "Thinking that either pedicle or omentum might have something to do with the tetanic symptoms, I cut both away, tying four arteries which bled on the cut surface of the pedicle." It is also well known that when once such symptoms are set up, even though the supposed exciting causes be removed, the spasms do not abate, and therefore the cutting away in the above case (not followed by relief) does not prove that tension was not the exciting cause.

I cannot conclude my remarks on the subject of the evils of traction without saying a few words on the proposal of my friend, Prof. Simpson, of Edinburgh—namely, to transfix the stump of the pedicle through the parietes to the peritoneal surface with the pin used for acupressure, which will be easily understood by the following figure, copied from Prof. Simpson's work on Acupressure, just published.

I shall next endeavour to show in what I consider this plan deficient.

(To be continued.)

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—Morgagni *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

THREE CASES OF CALCULUS IN THE BLADDER, TWO TREATED BY CRUSHING, AND ONE BY CUTTING.

(Under the care of Mr. Henry Thompson.)

As we very recently placed upon record several examples of stone in the bladder treated at different hospitals, we add the following additional cases, for which we are indebted to Mr. Anstey, Mr. Thompson's dresser. Their length precludes us from doing more on the present occasion than to draw attention to Mr. Thompson's clinical remarks.

Case 1. *Small uric-acid stone in a boy aged five years; lithotrity; cure.*—H. W——, aged five, admitted into No. 10 ward Nov. 15th, 1864. His symptoms commenced fifteen months back with pain during micturition; constant dribbling of urine, which contained a good deal of deposit; sudden stoppage whilst passing water; considerable irritation about the penis and rectum; blood was sometimes passed with his motions. Just before admission he was unable to micturate unless he had warm fomentations applied to the hypogastric region. On admission he had warm applications and a bath before passing urine. He was sounded by Mr. Thompson, who detected a very small stone, which he determined to crush.

On Nov. 18th, the child having been rendered insensible by chloroform, Mr. Thompson passed a No. 4 lithotrite, and found and caught the stone without any difficulty, crushing it four or five times, so as to break it up thoroughly.

On the 19th and 20th the child passed a quantity of gravel, consisting of uric acid, about the size altogether of a large pea.

25th.—The same sized lithotrite was again passed, but did not find anything. The urine somewhat thick, and contains mucus streaked with blood.

29th.—The instrument was passed to-day, but nothing found; urine clearer; no blood.

29th.—No gravel has been passed since the first crushing.

Dec. 6th.—Micturates easily; urine much clearer, and natural in quality; no pain.

At the end of the month he had again some difficulty in passing his urine. A small piece of stone was impacted in the urethra near the meatus, and was removed with a pair of dressing forceps. He left the hospital quite free from all symptoms the second week in January, having had circumcision performed.

Mr. Thompson clinically remarked that it was rare, in his opinion, to meet with a case of stone in the child in which lithotrity should have the preference to lithotomy. The cutting operation was well known to be a most safe and successful proceeding for children; while the difficulties and dangers of lithotrity were multiplied in their cases. Thus in lithotrity—first, the manipulation must of necessity be more delicate, and the instruments smaller; secondly, the patients were much more irritable, and could exercise none of that control which was always of value in the case of the adult; thirdly, the urethra was very small, and none but fine detritus would pass, while the bladder was so energetic that small angular pieces were apt to be driven with great force in that narrow and delicate passage, and to become impacted there. Hence, if done at all, it was desirable to crush the stone thoroughly and entirely. Why had he, then, selected it in this case? Because the stone was so small that he had been enabled to crush it in that manner readily, and in a single short sitting. When this could be done he preferred the proceeding; but such must be cases in which the stone very little exceeded in size an ordinary pea; for such he thought it unnecessary to perform the operation of lithotomy: for anything at all larger he much preferred the cutting operation.

Case 2. *Large uric-acid stone in a boy aged two years and three quarters; lateral lithotomy; cure.*—W. W——, aged two years and nine months, was sent up from Carmarthen, South Wales, to be placed under the care of Mr. Thompson, and was admitted Dec. 19th, 1864. Symptoms came on about a year and a half ago, consisting of inability to pass urine, and great pain whilst doing so. The mother states also that the child passed in the beginning of his illness large quantities of red gravel. At that time, and ever since, he has slept badly at night; and whilst passing urine would strain until the perspiration ran off in streams. He has suffered also from prolapsus ani. Latterly he has not been in quite so much pain. The child in appearance is remarkably strong and healthy. Mr. Thompson, having ordered chloroform to be administered, passed a sound, and detected a stone of considerable size. He decided on performing lithotomy on the following day. Castor oil was ordered for the early morning, and an enema two hours before the operation.

Dec. 21st.—A small and well-curved staff having been introduced, about the size of No. 6, and the child held in the usual position, Mr. Thompson performed the lateral operation in the ordinary manner, extracting without difficulty a large uric-acid stone for so young a patient. It weighed four scruples and two grains, and measured one inch in length by seven-eighths of an inch in width and five-eighths of an inch in thickness. A tube was introduced, and the child removed. The bowel prolapsed during the incisions, but was easily kept up by the operator's

left hand. Mr. Thompson remarked on the necessity which always exists in lithotomy, but especially in the cases of children, for great care in cleanly incising the tissues in contact with the staff; then in carefully insinuating the finger closely along the groove until it entered the bladder and touched the stone; and lastly, in passing the forceps accurately along the finger so that they entered the bladder safely and securely, and did not deviate from the track which the surgeon had made.

22nd.—The child appears to be doing well; clear urine passes freely. The tube is removed. The mother states that he slept better last night, after the operation, than he had done for a year previously. The wound healthy.

23rd.—There is a large clot of blood in the wound, and some little oozing.

24th.—The child has been very well, and has had a good appetite since the operation; has some diarrhœa.

25th.—Diarrhœa continues slightly; otherwise well; no more oozing of blood.

27th.—Child in capital health and spirits; takes his food well.

Early in January, 1865, he unfortunately had a severe attack of measles. He became convalescent towards the 20th. The wound is now healing fast, and the child doing exceedingly well, and will soon be discharged.

CASE 3. *Calculus in a man aged fifty-nine; lithotrity; cure.*—J. H——, aged fifty-nine, was admitted in November, 1864. He had suffered from symptoms of stone for about a year and a half, and had been sounded several times without success in discovering it. On sounding, the stone was not at first felt; but, on reversing the beak of the sound, was soon found lying deeply behind the prostate. It was evidently small, and suitable for lithotrity.

On the 9th of November the lithotrite with flat blades was introduced, but the stone could not be felt in any direction. Two or three minutes having been expended in the search, the instrument was withdrawn.

On the 12th, Mr. Thompson introduced the same lithotrite as before, and found the stone only with the blades reversed to the base of the bladder. It was then easily crushed. The débris, which was of uric acid, passed on the following day. Subsequently several sittings followed at varying intervals, the stone never being found or seized in any other manner than with the reversed position of the blades. He had no rigors or fever, and his symptoms gradually subsided. The loaded urine improved in character, the intervals of micturition increased in duration, and the pain became less acute. Several repetitions were necessary, not so much on account of the size of the stone, which was small, as on account of the peculiarity existing in this case already referred to—viz., that the stone could never be found, however high the pelvis was raised, except with the blades of the instrument pointing downwards. Early in January last the patient was discharged cured.

ROYAL FREE HOSPITAL.

CALCULUS IN THE BLADDER, REMOVED BY LATERAL LITHOTOMY, WITH SUCCESSFUL RESULT; ANALYSIS OF THE STONE BY DR. HASSALL.

(Under the care of Mr. THOMAS WAKLEY.)

INFLAMMATORY phimosis and ascarides were the accompaniments of the symptoms of stone in the following case, but the operation for removal of the stone was not attempted until the child's health had somewhat improved. With the exception of some biliary derangement after the operation, the child made a good recovery. The case is rendered especially valuable from the interesting and careful analysis made of the calculus and the urine, before and after the operation, by Dr. Hassall, the senior physician to the hospital. His description and remarks follow the details of the case, which were kindly furnished by Mr. John D. Hill, the resident surgeon.

Wm. M——, aged five years, was brought to the hospital by his mother on the 13th of January, 1865, suffering from the usual symptoms of stone in the bladder, and, in addition, acute inflammatory phimosis. A very intelligent child, but greatly emaciated and of strumous diathesis. For several weeks he had been observed to show signs of irritability of the bladder, and has been subject to ascarides. Latterly his appetite fell off, and his rest became disturbed; the urine was cloudy, opaque, and sometimes bloody; and during the last fortnight he has on several occasions had the greatest difficulty in passing water, and has lost flesh.

On admission, a No. 6 sound was introduced into the bladder, and a calculus detected lying at its neck. As soon as the instrument struck against the stone a profuse flow of urine escaped by the sides of the sound. The peculiar clear ring and the roughened surface of the stone conveyed the impression to the senses that the calculus was composed of oxalate of lime, or some calculus of a very compact structure. The child was kept in an absolute state of rest, to allow the vesical irritation to subside, the phimosis to abate, and to place him under the best circumstances for the operation.

The usual preliminaries having been arranged, he was placed under the influence of chloroform on the 17th of January, when Mr. Wakley performed the lateral operation of lithotomy, and a calculus was removed which will be hereafter described. The urine passed partly by the urethra and partly by the wound on the tenth day, and by the twenty-first the wound had completely healed. Subsequently the health became affected, the abdomen became swollen and tender, and the skin tinted with biliary colouring matter. Alteratives and tonics were administered, and with considerable benefit. The child was discharged March 12th, convalescent.

The following remarks were made by Dr. Hassall on the above case:—

"*The urine before the operation.*—William M——'s urine passed two or three days prior to the operation measured 20½ ounces, had a specific gravity of 1016·6, and the acidity of 1000 grains was equal to 1 grain of oxalic acid. It was turbid, and after having stood at rest for some time an abundant deposit subsided. This, on examination with the microscope, was found to consist of mucous corpuscles, intermixed with which were many of the larger nucleated bodies described by me some years since, and which have been denominated by Henle 'Hassall's corpuscles.' This deposit, when dried, weighed 7·04 grains. The urine, when boiled, was found to contain albumen in the proportion of 11 grains to the 20½ ounces of urine—doubtless derived from the mucous discharge. Chronic cystitis therefore evidently exists in this case; leading to the inference that the surface of the stone, whatever might be its composition, was of a rough and irritating character.

"*The calculus.*—The calculus, as was anticipated from the examination of the urine, was rough and somewhat spiculated on the surface. It weighed 60·81 grains; had a specific gravity of 1·630 grs.; and its per-centage composition was as follows:—

Water	8·00
Uric acid	55·00
Phosphoric acid	·50
Oxalic acid + HO	14·23*
Lime	11·87
Magnesia	·35
Ammonia	2·35
Potash	·68
Soda	·50
Colouring and organic matters...	6·52
	100·00

* The second atom of the water of the oxalate of lime, being given off at 212° Fahr., is reckoned in the 8 per cent. of water.

The interior of the calculus presented a laminated arrangement characteristic of a urinary concretion composed of urates; while the surface was covered with a rough and warty coating, which consisted of oxalate of lime. In this case, therefore, we have another illustration of the fact which I have on several different occasions pointed out, that deposits and calculi of urates are rarely composed of urate of ammonia: indeed, that salt seldom constitutes more than a small portion of such calculi. Further, the composition of this calculus shows the connexion which exists, and which has been pointed out by several writers, between uric and oxalic acids.

"*The urine after the operation.*—A sample of the urine obtained some days subsequent to the operation exhibited somewhat the same characters as those previously described, but in a less degree; showing that the cystitis, although lessened, has not as yet been removed."

OINTMENT OF NITRATE OF LEAD IN ONYCHIA.—M. de Moerboose, of Ghent, has published in the "Annales de la Société de Médecine de Gand" two cases of onychia in children, which had baffled all the remedies employed. The cases were treated in the hospital, the children being very bad. One child was cured in five days, and the other in eight.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 14, 1865.

DR. ALDERSON, F.R.S., PRESIDENT.

THE PRESIDENT, in taking the chair for the first time, tendered many and grateful thanks to the Society for the honour they had conferred on him. Such honours, he said, pointed to advanced life; but when he looked around him at the memorials of those who had previously occupied the presidential chair, he felt that increasing years had fairly won their consolation. His predecessors had achieved varying amounts of professional reputation and worldly success, and on that score he would not compare himself with them, but he would yield to none in the will to develop the interests of the Society. He thus dared to hope that in his hands the Society would suffer no diminution in its influence and importance. He was fully aware of the responsibilities of his position, and relied on the Society for liberal support in cases of difficulty.

CASE OF ANEURISM BY ANASTOMOSIS OF THE SCALP TREATED SUCCESSFULLY BY SETONS AND LIGATURE OF THE COMMON CAROTID.

BY GEORGE SOUTHAM, F.R.C.S.,

SURGEON TO THE MANCHESTER ROYAL INFIRMARY.

The patient, a married female, aged twenty-eight years, had been suffering from the disease for upwards of eight years. She became an in-patient of the Manchester Royal Infirmary in May, 1864. The temporal artery and its branches, with the exception of those distributed around the eye and forehead (which, though visibly distended, were not pulsatile), were much enlarged, some of them almost to the size of the little finger, and communicating to the hand a distinct arterial thrill. The occipital artery and its branches were also similarly affected, though in a less degree. Pulsation was only slightly checked by pressure on the trunks of these vessels, but was completely suspended by compression of the common carotid. An ulcer had formed over the parietal protuberance, which had bled rather freely on several occasions. An attempt was made to remove the lint from the ulcerated surface; but arterial hæmorrhage supervened to so great an extent that the bandages were immediately replaced. On the following day, having taken the precaution to have the requisite appliances for the arrest of hæmorrhage at hand, the compress was removed in the presence of several members of the hospital staff. Profuse hæmorrhage followed from the ulcerated surface, which occupied a space of about an inch and a half in diameter. Pressure with the fingers failed to stop the effusion of blood, escaping as it did from countless sponge-like orifices. Lint steeped in a solution of perchloride of iron was also applied, and the carotid compressed; but the blood continuing to flow, with the consent of his colleagues, Mr. Southam proceeded to place a ligature on the trunk of the common carotid, which had the desired effect. Seven days after the operation the vessels of the scalp were soft, flaccid, and apparently bloodless; but very feeble pulsation could be felt in the course of the temporal artery. Four setons of worsted, about four inches in length, were now passed through the vessels, one across the temporal fossa, the others through the parts of the scalp where the vessels were most distinct. The week following, some of the vessels near the original sore were found distended, and slightly pulsatile. Three setons were inserted through them, and another about a fortnight afterwards at the posterior part of the occiput, where a vessel about an inch and a half in length could be distinctly traced pulsating slightly. From this period the case proceeded satisfactorily, and on the 12th of August she left the hospital quite well, with the exception of a small ulcer at the back of the ear, which was the remains of a slough that had taken place in that part. At the end of December there were no signs of any return of the disease.

The author remarked that the success of the plan of treatment adopted in the above case afforded a prospect of bringing this hitherto unmanageable complaint more effectually under the control of the surgeon. At the time of the patient's admission into the hospital, the disease had arrived at a stage when prompt measures were absolutely necessary for the preservation of life. Accordingly, on the supervention of hæmorrhage, ligature of the carotid was immediately resorted to. But the unfavourable results which have frequently followed deligation of the carotid for aneurism by anastomosis of the scalp induced the author not to rely solely on that method of treatment; and the further progress of the case showed that if other means in addition had not been employed, no permanent benefit would have resulted from the operation. This need excite no surprise, for the operation to be successful must either permanently cut off the circulation through the diseased vessels, or lead to their obliteration—conditions which, however probable when the disease is confined to a single vessel and assumes the ordinary form of aneurism, are not likely to follow when several are affected, as in the present case, involving the entire temporal system, with its arteries, veins, and capillaries. For the blood in the vessels after deligation does not coagulate, but readily finds its way into the general circulation, and the vessels remaining unchanged become again distended as soon as the circulation through the anastomosing branches is re-established. But, despite these drawbacks, deligation, even when not required for the suppression of hæmorrhage, has its advantages; for the temporary interruption which it causes to the circulation through the diseased structures affords a favourable opportunity for the application of other remedies. Setons were therefore resorted to as soon as there were indications that the scalp was supplied with blood sufficient for reparative purposes. They were applied at intervals wherever any return of pulsation showed itself.

It is unnecessary to dwell on the futility of trusting to setons only in the treatment of these cases. They have so repeatedly failed that their success in the present instance must be attributed to the quiescent state of the circulation produced by the ligature of the carotid. In confirmation of this view, the author referred to the case of a young lady who was under his care several years ago, whose index finger and thumb had become, through enlargement of the vessels, twice the natural size. Some of the vessels were in circumference as large as goose-quills, and gave a livid-bluish appearance to the fingers. Not the least pulsation or arterial thrill could, however, be discovered; and the vessels could be partially emptied of their blood by pressure. Three fine worsted setons were passed from the hand to the apex of the finger. Others were inserted at intervals. At the end of six months all evidence of the disease had disappeared. Deligation of the arteries, therefore, prior to the insertion of setons, does not appear necessary in all cases of aneurism by anastomosis. The disease is an affection of arteries, veins, and capillaries, varying in its characters according to the extent to which each of these structures is implicated. Deligation, therefore, seems to be required where the arterial tissue is principally involved, or where the enlargement of the capillaries has taken place to such a degree as to enable the force of the heart's action to communicate its impulse through the capillaries to the blood circulating in the veins. Similar considerations will also determine the extent of deligation, which, except where severe hæmorrhage occurs, need, in the majority of cases, only be applied to the smaller arteries.

Though setons were employed in the case now related, yet galvanism, the injection of perchloride of iron, and other similar agents, may, in some instances perhaps, be advantageously substituted; and even the risks attending ligature of the arteries may, by instrumental or digital compression, be occasionally obviated.

The PRESIDENT said that ligature of the carotid seemed a large operation for so limited a disease. However, it had been successful, and there was (he added) nothing so successful as success. He thought that photographs showing the conditions of parts both before and after cure would have been valuable.

Dr. SIBSON said that he had communicated the paper for Mr. Southam, and unfortunately Mr. Southam was unable to attend on account of illness. He (Dr. Sibson) had no remarks to make on the general subject, but would draw attention to the fact that the carotid had been tied to arrest hæmorrhage, and not as a means of cure. Yet this having been done, the further treatment by setons was much advanced, and altogether the case was a good piece of surgery.

Mr. C. H. MOORE said the ligature of the carotid was not for the cure of the disease, but for the arrest of excessive arterial hæmorrhage. It was quite a different question whether such aneurisms required ligature of the vessel for their cure. In some it would not be necessary; in others, the predominance of large arteries might, perhaps, be so great as to demand the operation. He had seen a tumour as large as that described by the author, in which (under Mr. De Morgan's care) cure had been effected by setons repeatedly passed by needles, over which were placed caoutchoue rings, and by threads carrying perchloride of iron. By these means the

tumour became so much less that the patient could leave the hospital. Five years later he came under the care of Mr. Nunn. He then had a dewlap or fold of skin in the position of the tumour, but no trace of the former disease. There was an abscess, the size of two eggs, which occupied the site of the tumour. Mr. Moore then referred to vascular tumours of the scalp in children, which sometimes attained a formidable size, and then occasionally attempts to cure them were followed by inflammation and death. He had had no experience of tying the carotid in such cases, but when a large vessel was open, and it was impossible to tie the vessels entering the tumour one after another, it would be necessary to tie the main trunk.

Mr. SAVORY said the case was interesting in another point of view. There was no rule in surgery more insisted on than that we ought to tie an open vessel at the seat of injury. Often, however, it was impossible to do so, and Mr. Southam's patient's case was an instance of local and profuse hæmorrhage, controlled by ligature of a vessel at a distance. This case would encourage surgeons to tie at a distance when the point injured could not be reached.

The PRESIDENT stated that Mr. Harry Lobb wished to show to the Society

A NEW METHOD OF APPLYING ELECTRICITY TO THE BODY FOR THE TREATMENT OF SOME FORMS OF DISEASE, WITH A DESCRIPTION OF THE APPARATUS.

Mr. LOBB said: The present methods of applying electricity to the body are, I consider, in many respects faulty. It has, therefore, struck me that a better plan might be contrived. It is a desideratum to be able to apply a voltaic current of known intensity persistently and continuously to any part of the body for any desired time. To effect this I have had woven a material of silver wire and cotton in such a manner that either the wire or the cotton can be made to come to the surface. This material can be applied next the skin, and can be made to fit any part of the body, either covering a part or the whole of a limb, or to cover an organ or a small surface. It can be either applied with the metallic surface to the skin, or the cotton can be moistened, as it is constructed so as to absorb moisture, and applied to the integument. To the end of the silver wire a covered conducting wire is soldered to the material. The method of application is as follows:—The organ, part, or limb is completely covered with the material; the nervous centre supplying the organ, part, or limb with nerves is covered with another portion of the material, each having a separate conducting wire leading from it. These wires are led to a small portable voltaic battery supplying sufficient electricity to penetrate the part, and can be modified according to the amount of surface to be acted upon, according to the nature of the disease, &c. The battery can be arranged for quantity by increasing the amount of surface of the elements, or intensity by increasing the number of the elements. To test the intensity of the battery, a galvanometer may be introduced into the circuit, and when this indicates that the current is passing, the number of elements of the battery should be noted; or a voltameter may be introduced into the circuit, and when the water is decomposed it shows that there is a current from several more elements in the battery used than is necessary to penetrate the part. The advantages claimed for this arrangement are—that a persistent and continuous current of voltaic electricity, of known quantity and intensity, can be made to pass through any portion of the body for any specified time; that this current can be applied generally over any large surface, through a limb, or can be localised in any part, organ, surface, &c., however circumscribed; also an interrupted current from an electro-magnetic or magneto-electric battery can be applied by means of this conducting material with the same case by the surgeon. Thus the current may be applied by the patient at any time during the day or during the night; or without removing the clothes the surgeon may apply any required current to the patient; or a persistent measured current may be caused to pass day and night, or for a specified time, the patient carrying about his person a portable battery. The apparatus (woven material, &c.) was exhibited and explained.

Some remarks were made by the President, Dr. Harley, and Dr. Fuller.

CONGENITAL HYDRONEPHROSIS, IN A BOY FOUR YEARS OLD, REPEATEDLY TAPPED; RECOVERY.

BY THOS. HILLIER, M.D.,
PHYSICIAN TO THE HOSPITAL FOR SICK CHILDREN, ETC.

The patient was born with great enlargement of the abdomen, simulating ascites, for which it was mistaken till he was nearly four years old. It was then ascertained to be an enormous cyst springing from the right lumbar region. From its great size it caused difficulty of breathing and prevented his walking. The cyst was tapped in front, and 102 fluid ounces of clear non-albuminous fluid was drawn off, having all the characters of dilute urine. The fluid rapidly re-collected, and on a second tapping was found to be albuminous and purulent, but still to contain a considerable quantity of urea. Attempts were made to establish a permanent fistula anteriorly, and then posteriorly; but on each occasion the fluid after a time ceased to flow. Much irritation and depression followed the several tappings, so that the patient's life seemed to be endangered. After one of the operations a quantity of fluid was passed from the bladder exactly similar to that from the cyst, and quite unlike what was usually passed from the urethra; a temporary communication thus obviously being established between the cyst and the bladder. The patient has now been left without operation for some months, and has regained his strength; but the cyst remains, varying from time to time in size, and his urine is often purulent and fetid. It is presumed that there is some congenital malformation of the right ureter which renders it liable to occlusion, but admits, under some circumstances, of the passage of fluid.

Cases of congenital hydronephrosis due to obliteration of the ureter were quoted, proving fatal in infancy; one a case of an enormous cyst, apparently a dilated kidney, from obliterated ureter, in a woman who lived to the age of twenty-three years; and one of double hydronephrosis in a youth who lived to the age of seventeen years. In the latter case the ureter on one side was much constricted, and on the other entered the pelvis of the kidney obliquely, and was guarded by a valvular obstruction.

Expectant treatment, the author observed, seems to be the only measure indicated. Extirpation of the cyst is inadmissible from the dangers of the operation, owing to proximity to the sympathetic ganglia, and to the liability to hæmorrhage and peritonitis. Tapping was recommended in case of distension so great as to endanger life. It would seem that when the distension reaches a certain point, the ureter allows of fluid to pass down it.

Dr. HILLIER said he would have brought the patient, but not knowing the time at which the paper would be read he was unable to do so.

Dr. WEBSTER protested against the use of French words in the paper; for instance, gramme and metre. It was far better to adhere to English words. He felt strongly on the subject, and he added that the Society would think it strange if in any communication he were to introduce a Spanish or a Russian word.

Dr. HILLIER said it was impossible to adopt the volumetric system of analysis without French weights and measures.

Reviews and Notices of Books.

Quelques Considérations Pratiques sur les Cas de Rétrécissement du Bassin observés à la Clinique d'Accouchement de Paris en 1857, 1858, 1859. By W. H. JONES, M.D. Paris, M.R.C.S. Eng. Thesis. pp. 68. Paris: Delahaye, 1864.

THIS thesis obtained for the author one of the five silver medals given annually at the examination for the Doctorate of Medicine in Paris—an honour very difficult of attainment by a native, and most highly honourable to a foreigner. The essay is one possessing very great merit, and will be regarded as a contribution to obstetric science of considerable importance, dealing as it does with a subject of the highest interest to practitioners in this department of medicine—viz., the management of labours rendered difficult from narrowing of the pelvis. During the three years 1857, '58, and '59, there occurred in the Clinique d'Accouchement at Paris 51 cases in which the labour was thus obstructed, and the cases in question, observed carefully by the author, form the subject of the present essay.

Of the 51 cases, there were 16 in which the antero-posterior diameter of the pelvis measured more than 3¾ inches; in 15 cases the measurement was between 3¾ and 3 5/16 inches; in 11 cases between 3 5/16 and 2¾ inches; and in 9 cases less than 2¾ inches. These measurements represent the "diamètre

sacro-sous pubien;" and we presume, as it is not otherwise stated, that throughout the work the sub-pubic conjugate diameter is the one always referred to. This is a point of importance, seeing that the rules generally laid down by obstetric writers refer to the measurement of the *true* conjugate diameter, or sacro-supra-pubic measurement, which is about three-fourths of an inch less than the other. The general result of the 51 cases was that 38 mothers and 17 children were saved. For other details concerning the cases we must refer to the work itself.

After describing the results observed, the author proceeds by the aid of these data to examine the important questions at present *sub judice* as to the value of turning, the use of the cephalotribe, the forceps, the Cæsarean section, &c., in cases of pelvic deformity. His remarks on the subject of turning are particularly interesting, as on this side of the Channel the matter has lately engaged the attention of obstetric writers, Dr. M'Clintock, Dr. Barnes, Dr. Grailly Hewitt, and others. The following are the conclusions at which he arrives as to the management of cases where the fœtus is mature:—1. When the measurement (sub-pubic, as we understand it) approaches 3¼ inches, we should not wait more than one or two hours after complete dilatation of the os, but apply the forceps at once. The good effects of the forceps are best witnessed in such cases. 2. When the measurement is between 3¼ and 3½ inches, the forceps should be used early. If the attempt to use the forceps fail, we should not wait, but proceed to turn; and should delivery not then be possible, to perform at last embryotomy. 3. In cases where the measurement is between 3½ and 2¾ inches, it is better in the interest of the mother to practise turning if the forceps cannot, as is generally the case, be used. If the measurement approaches 2¾ inches, embryotomy will generally be necessary, in addition to version. We cannot hope for a live child. 4. In that category of cases where the measurement is below 2¼ inches, embryotomy is indispensable, and may be aided in some cases by version. Below 2 inches, delivery at term, even with mutilation, is very dangerous or impossible, and the Cæsarean section is then indicated.

We have little to add by way of criticism on the views taken by Dr. Jones. They are, we believe, sound, and well fortified by considerations both theoretical and practical. They are, indeed, the expression of advanced obstetrical science. We thank the author, whose observant and reasoning powers are evidently of a very high order, for his able and thoughtful essay, which has already obtained for him complimentary distinction of no mean degree.

Primitive Marriage. An Inquiry into the Origin of the Form of Capture in Marriage Ceremonies. By JOHN F. M'LENNAN, M.A., Advocate. Edinburgh: A. and C. Black.

THIS is a very ingenious book. The writer of it has been at work in dark nooks of the library, and from strange materials thence collected he has, by strict scientific treatment, deduced some remarkable results. His book is a valuable contribution to anthropology, even if it prove that it has added several to the vexed questions of that much-vexed science. It is, in fact, a new reading of the early history of mankind; and though some of its conclusions may be doubted or rejected, still it throws a new light upon the primitive state and upon the beginnings of civilization.

The attempt to ascertain the social relations which existed in prehistoric times does seem less hopeless as regards the more important ones than might on first thoughts be imagined. Doubts may well be entertained, however, of the success of an attempt to describe those relations; but it scarcely can be doubted that they were very different from those which exist amongst ourselves. Recently we have been told that at one time in our own island—where now there are the peerage, and protestantism, and merchant princes, and marriages before twelve o'clock—there lived men with skulls like those of the Australians, living upon each other when they were able to do it, living in all respects a life little better than that of animals of the herd. The homes of all the most refined populations have, beyond question, been the haunts of races thus rude, with habits equally or even more barbarous. Could we see the life of these poor predecessors of ours, it might well be we should find ourselves constrained to admit that the usages of the least developed of contemporary races are an improvement upon their savage customs. And yet some of those are almost as rude as anything which civilized men can conceive of.

Mr. M'Lennan's primary, though by no means his principal object, has been to investigate the origin of what he calls the form of capture in marriage ceremonies. He explains that the "symbol of capture" occurs whenever after a contract of marriage it is necessary for constituting the conjugal relation that the bridegroom or his friends should go through a form of stealing or capturing the bride. The instances of the occurrence of this form of capture have never been collected and commented upon before; but Mr. M'Lennan, though confining himself to well-marked cases, has shown that it occurs frequently amongst rude tribes at present, and that it has been practised within the period of history at points over a very wide area. He rejects—we think justly—the hypotheses framed to explain its occurrence in two cases where it could not escape notice—amongst the ancient Spartans and amongst the plebeians at Rome. He holds that this symbol commemorates a fact,—as such symbols generally do,—and that that fact must have been *a system* of capturing women for wives; that the symbol could only have arisen amongst a people with whom this way of getting wives was habitual. And he points to a tribal law which, in early times, when every tribe was the enemy of every other, would leave to those who were bound by it *no way* of getting a wife except capture. To this law, the converse of caste, forbidding marriage within the tribe, Mr. M'Lennan has given the name of exogamy; while, instead of caste, since that word involves notions unconnected with marriage, he has used the correlative word—endogamy. His explanation of the form of capture is that it commemorates the early practice of those which he calls exogamous tribes. Such tribes still exist in great numbers; indeed, they are rather more numerous than the endogamous or caste tribes, and many of them still capture their wives, while many others, who now purchase wives, practise the form of capture. It is perfectly plain that before tribes had made some approach to peaceful relations—when every member of a foreign group was an enemy,—to be eaten if possible,—the members of exogamous tribes, not being free to marry their own women, could only get wives by capturing them; and, therefore, it is with much probability that the form of capture is maintained to be a trace of the early practice of such tribes. Mr. M'Lennan has shown, for the satisfaction of doubters, that the capture of wives is in full play in many parts of the earth at this day; and, in a large number of cases, he has been able to show that where the capture of wives is practised, marriage within the tribe is forbidden. By tracing the usual adjuncts of the law forbidding marriage within the tribe, he has been able to extend the area of its former prevalence vastly; and he evidently is inclined to think that this tribal law has prevailed at some time or other amongst every race of mankind. He finds what he holds to be a trace of it amongst the caste tribes of India, in the rule forbidding marriage between persons of the same family name; and, after investigating the concomitants of exogamy, he attempts to mark the steps by which such exogamous tribe might change into a caste tribe.

The connexion established between exogamy and the form of capture is chiefly useful to Mr. M'Lennan as being one of several circumstances from which he infers a former existence of exogamy where historical evidence of its existence is wanting. When he comes to consider the origin of this law for-

bidding marriage within the tribe, and its influence upon the structure and progress of primitive groups, he is dealing with far more important matters. One's first thought must be, that this law arose out of a natural repugnance to marriages of kindred. But what, then, are we to say of the opposite tribal law of caste? The system of not marrying kindred, and the system of marrying none but kindred, cannot both be founded upon an original sentiment of human nature; and the existence of modern society may be held to prove that both these systems are conventional, produced by circumstances in the early history of the tribes amongst which they are found. Mr. M'Lennan's hypothesis is, that exogamy arose out of a chronic deficiency of women produced by the practice of female infanticide. As everybody knows, this practice even now prevails to a frightful extent. There cannot be a doubt that it arose at a time when children were a serious burden; when on account of the difficulty of maintenance it was often necessary to get rid of them; and when men, unaccustomed in all probability to the luxury of a wife apiece, who in none of their affairs took thought for the morrow, were unlikely to reflect that in killing female children they were exposing their sons to a scarcity of women. The practice of polyandry could only have originated in a chronic scarcity of women; and polyandry—still widely prevalent—can be traced within the historic period in almost every part of the globe. We may be sure that tribes which had not women enough of their own would steal, if they could, the women of their neighbours; and that this, even if not the most frequent, would amongst rude tribes be thought the most creditable way of getting a wife. From the frequent capture of foreign women to the prohibition of marriage with women of the group the progress might not be rapid, but it would be natural and easy. Mr. M'Lennan suggests that the prohibition may have been established "even before the facts of blood-relationship had made any deep impression on the human mind." For he points out that the earliest human groups can have had no idea of kinship. Kinship, he observes, is quite a different thing from the feelings of parental and filial affection: at the root of it lies a physical fact—the fact of unity of blood; and as this could only be discerned through observation and reflection, "it must for a long time have remained unperceived, as other facts quite as obvious have been." We have never met with this view before, but it seems as true as it is novel. Of course it shows that neither exogamy nor caste can belong to the earliest human periods. If Mr. M'Lennan be right in holding that the first system of kinship established was a system of kinship through females only, it will be easier to understand the growth of systems of infanticide.

The proposition that the earliest system of kinship was a system of kinship through females only is the greatest novelty put forward by Mr. M'Lennan, and if it be true, he has made a great discovery. Hitherto it has been held that the earliest system was a system of kinship through males only. Mr. M'Lennan has been at pains to explain what kinship through females only must mean. The blood connexion between father and child may be less obvious than that between mother and child; but the latter once acknowledged, the former could not very long be overlooked wherever there was as much certainty of fatherhood as there is in modern society, or anything near that certainty. The acknowledgment of kinship through females, and not through males, in Mr. M'Lennan's opinion, leads to the inference that fatherhood has been uncertain—that the intercourse of the sexes has been more or less promiscuous. We have already seen the reason there is for believing that in the primitive groups the women were usually less in number than the men. In that situation there must have been some form and degree of promiscuity, so that, to say the least, presumptions are not against this explanation. In most of the extant cases in which kinship is acknowledged through females only—e. g., those of Australians and the Red men of America—there prevail marriage relations which allow of some approach to certainty of fatherhood; but this Mr. M'Lennan ascribes to the tenacity of custom, to the practice of capturing wives, and similar causes, holding that the existence of this kinship proves that an advance has been made from promiscuity. He has been able to find a good many instances—both modern and ancient—of kinship through females only, or of what seem unmistakable traces of it; but he rests his proof mainly upon the prevalence of a qualified promiscuity—polyandry. He shows that polyandry is widely prevalent at the present day; he shows a vast prevalence of it within the period of history; he connects with it, by a strong argument—which might have been stronger,—the obligation resting upon younger brothers amongst many people—e. g., amongst the Hindus and the Israelites, to marry the wife of an elder brother deceased; and by virtue of this connexion he greatly extends the area of its prevalence. In some of the cases where the obligation above mentioned subsisted, he has found remarkable traces of polyandry or of kinship through females only, or of both; and in some instances—that of the American Red men, for example—he has found traces of polyandry where there still is kinship through females only. With the ruder form of polyandry—that in which the husbands are not or need not be relatives, typed in the case of the Nairs of Malabar—he finds that there is kinship through females only. Where the less rude prevails—all the sons of a family marrying one wife, as is the case in Tibet—the children of the family are often reputed to be all the children of the oldest brother. His argument is, that the less rude polyandry was an improvement upon the more rude, effected upon the establishment of kinship through females; and that therefore where polyandry exists, has existed, or can be traced, there at one time prevailed a system of kinship through females only. The argument is perfect, and the proposition stated at the fullest is proved, if it be granted that all human races have emerged from the savage state, as most of them have certainly done. To the case of races which have not lapsed into the savage state, the argument founded upon the prevalence of polyandry seems to have no application.

We cannot follow Mr. M'Lennan into his speculations as to the effects of exogamy and of kinship through females only—which in early times would accompany exogamy—upon the structure of primitive groups, and as to the way in which they acted as agents of civilization. He discusses the origin of caste, the origin of states, and other similar questions, but these concern the legist more than they concern the anthropologist. We shall only say with respect to one of them, that if the first system of kinship was that of kinship through females only, the received theory of the origin of states, which takes the family as the social unit, cannot be maintained; for then society, instead of beginning with perfect marriage, and a family system not very different from our own, had to make its way up from more or less of promiscuity, uncertainty and no thought of fatherhood, and no family system at all.

The Ninth Annual Report of the Nottingham Lunatic Asylum.

THIS Report is deserving of especial notice, as it affords satisfactory evidence of the success of an institution into which patients are received who, not being paupers, are unable to pay the whole expense of their care and maintenance. The success of the Nottingham Hospital gives emphatic proof of the value of the system. Its example cannot be too strongly commended or too speedily acted upon in the other counties of England. We give the following extracts from the last Report of the Commissioners:—

"Since this hospital was visited on the 6th of March, 1863, there have been 35 admissions, 25 discharges, and 8 deaths; the proportion of ladies and gentlemen being under the first head, 11 and 24; under the second, 8 and 17; and under the third, 2 and 6. There was nothing unusual in the deaths, and of those discharged 15 appear to have recovered.

"There has been no seclusion and no restraint since the last visit, nor, indeed, during the last five years, and though the number of helpless cases is large, there is rarely a wet or dirty bed, a night-watch having been introduced into both divisions. We found no patient in bed, and the eleven who are entered as taking medicine appear to be taking it for mental, not bodily disorders.

"We have been gratified by our visit to this hospital, and think highly of Dr. Tate's arrangements for the welfare of all the inmates. We have made all the statutory inquiries, have examined the recent certificates, and have entered some remarks in the patients' book."

MR. HENRY SMITH'S FATAL CASE OF STRICTURE OF THE URETHRA FOLLOWING THE USE OF HOLT'S DILATOR.

To the Editor of THE LANCET.

SIR,—I regret Mr. Henry Smith should have had such an unfortunate result from the performance of my operation for stricture, but the thanks of the profession are due to that gentleman for the fearless manner in which he has published the case. There are one or two points at which I am at issue with Mr. Smith—firstly, with regard to what he describes as the simplicity of the case and the healthy character of the patient; and, secondly, with regard to the post-mortem appearance of the parts removed, a view of which Mr. Smith was kind enough to afford me.

Mr. Smith, in his remarks, says: "Here is presented to us all the conditions for success. A young man in *remarkably good health*, the stricture *not complicated in any way*, and not the least difficulty in performing the operation; careful watching afterwards, together with attentive medical treatment; and yet this man is completely killed, solely and entirely, as it were, by the shock of the operation." Let us see how far this is the fact. The patient had been *under treatment* without relief, and under the care of various surgeons for three years; and during the last nine months his symptoms had increased. The house-surgeon could not pass any instrument into the bladder, and "sent him to Mr. H. Smith, who, *after a great deal of difficulty*, succeeded in introducing a No. 3 silver catheter into the bladder. There was a very tight stricture at the *anterior* part of the *bulb*, and after having passed *through* the stricture, the point of the catheter *diverged towards the left side, and was with difficulty made* to find the right passage." And the report further says: "On admission Mr. Smith passed a No. 3 silver catheter, but with extreme difficulty. This was tied in the urethra." Indeed, we must infer, irrespective of this description, that the case was a difficult one, otherwise Mr. Smith would not have fastened the catheter in. The report then says:—"Feb. 10th: The catheter keeps in the bladder, but he has had a rigor. *In consequence of this the same catheter was retained*, and he was ordered one grain of opium powder, and two grains of quinine three times a day." On the succeeding day, in spite of the rigor, he was placed under the influence of chloroform, and my operation was performed, a No. 11 catheter being afterwards introduced into the bladder; and on the following morning, *after* being allowed to pass his urine *naturally*, a rigor followed, and he subsequently suffered from *suppression of urine*, from which he died, on the afternoon of the 13th, two days after the operation.

So far the history points to a case of *great difficulty*—first, in effecting an entrance into the bladder; and secondly, in meeting with one or more false passages, which rendered it a matter of difficulty to find the right passage. The post-mortem fortunately shows upon what this difficulty depended. Mr. Smith is in error respecting the false passage not entering the bladder. The parts were examined by myself, in the presence of Mr. Partridge, Mr. Smith, and, I believe, the house-surgeon. Either from the difficulty in making the post-mortem examination, or from the bulbous portion of the urethra having been subsequently cut, it was not possible to tell with any degree of certainty whether any stricture had been split; but when the membranous portion of the urethra was examined, which had not been previously touched, a false passage of *more than an inch* in length, extending *into* the bladder, was detected, of a diameter that admitted the dilator and its large tube, and afterwards a No. 11 catheter, although, as Mr. Smith observed, not so easily as the catheter was passed after the operation; which assured him that neither the dilator nor the catheter had passed through the false passage at the time of the operation. However that may be, there the false passage was, as has been described. There was no doubt as to its length and size; and hence it becomes a question of pathological interest (if it existed prior to the operation), how a false passage *behind* a tight stricture could admit a No. 11 catheter, when the stricture in front would only admit a No. 3. The bladder was much thickened and contracted; its mucous lining was highly congested, of a chocolate colour, and corrugated; and I believe that if the kidneys had been examined they would have been found to be extensively diseased. I think I may fairly infer this—first, from the existing disease revealed by the post-mortem; and secondly, from the fact that suppression of urine does not occur where the kidneys are healthy, excepting as the result of blood-poisoning, which did not exist in this case. How far the result would have been different had the catheter been removed after the first rigor and the operation postponed to a more favourable opportunity, and had the urine been removed by the catheter the first two or three times after the operation, as I have recommended, I cannot say; as it was, the man died, and the case must go for as much as it is worth. But, as I should very much regret that the operation should be prejudiced by this unfortunate termination (however much I may doubt the cause and effect, more than if an ordinary catheter had been used), I will, with your permission, take this opportunity of earnestly requesting all surgeons who have performed my operation to favour me with the number of cases they have operated on, and whether any fatal results have ensued; and I pledge myself to publish those results, together with my own cases, that the profession may judge for themselves.

With regard to the one death in three hundred operations, referred to by Mr. Smith, it occurred in a man in the last stage of urethral disease, who, in consequence of the impossibility of passing any instrument into the bladder and the existence of numerous false passages and fistulous openings in the perineum, was tapped through the rectum; and after a considerable time a small catheter was passed per urethram into the bladder, and the strictures were subsequently split. The patient never had a bad symptom from the operation, but he died many days afterwards from exhaustion, the result of long-standing disease and of the several operations that were performed in the hope of affording relief.—Yours faithfully,

Savile-row, March, 1865. BARNARD HOLT.

THE STATE OF MIND OF THE LATE G. V. TOWNLEY.

To the Editor of THE LANCET.

SIR,—With reference to your Annotation on the subject of my letter "in a contemporary" on the action said to have been taken in the Townley case by the Société Médico-Psychologique, I beg you will allow me to say that I did not attribute "intentional misrepresentation" to THE LANCET. I said that the paragraph quoted by you from the *Gazette des Hôpitaux* gave quite a false impression of the action of the Société Médico-Psychologique in the matter, inasmuch as the *Gazette des Hôpitaux* implied that the inquiry had terminated in an opinion favourable to Dr. Forbes Winslow's view; whereas I assert that the committee have made no report whatever to the Society, nor has the case been discussed since their appointment. To say that you were led by "indiscreet friendship" to insert a paragraph from a French paper which I say gives an erroneous impression rather than a version of the facts, is surely a different thing from accusing you of "wilful misrepresentation." Again, while in your Annotation you speak of your knowledge of the views entertained by the committee and by M. Brierre de Boismont, I at once admit that I am not in their secrets. On the other hand, I assert that the Townley committee have made no report whatever of their views, and therefore that the paragraph quoted by you from the *Gazette des Hôpitaux* "gives quite a false impression of the action of the Société Médico-Psychologique in the matter." Yet neither need herein, I hope, accuse the other of so grave an offence as "wilful misrepresentation." I, on my part, disclaim all intention of so doing.—I am, Sir, yours obediently,

C. L. ROBERTSON, M.D. Cantab.

Hayward's Heath, March 20th, 1865.

*** Dr. Lockhart Robertson, in writing upon a subject on which it appears he has strong personal feeling, would do well for the future to express himself in such a way as to be clearly understood.—ED. L.

THE LANCET.

LONDON: SATURDAY, MARCH 25, 1865.

OUR attention has been directed to the following facts. We suppress names, as the publication of them gives pain, and is not necessary to our purpose.

In the town of Thorne, Yorkshire, a coroner's inquest touching the cause of death of a young woman and her illegitimate child has taken place. The following is an outline of the facts. The deceased mother was an accomplished girl, a governess, and the daughter of a respectable schoolmaster. For some months previous to her death there had been a suspension of menstruation. After this suspension for two months, she made application for medicine to a chemist, Mr. CHARLES WILLIAM KNOWLES, who in the first instance gave her aperient pills and an alkaline mixture. These medicines did her no good, and she returned to the chemist, complaining still that she was no better and had not menstruated, and that she had sickness in the mornings; whereupon Mr. KNOWLES tried his hand again, and prescribed a mixture with tincture of iron and tincture of cantharides, and pills of aloes and myrrh. Five months passed away, and the mother of the deceased complained to the chemist that her daughter was still poorly, that menstruation had not occurred, and that she had bleeding at the nose. Whereupon the chemist expressed a wish that she should call; though, in giving evidence, he said he did not expect she would do so. She did call, and he prescribed aperients.

From the admissions of the chemist at the inquest, it is apparent that he considered that the young woman was pregnant. The mother of the deceased said she did not know that her daughter was in the family-way till the day before her death, although this had been apparent to others for two months. On the 2nd inst., the day preceding her death, the poor girl used some expressions which amounted to an admission that she was in the family-way. This led to an interview between her mother and the young man who was courting her, during which the deceased was present. The mother got angry, and threatened to tell her husband, the father of the deceased. The young woman thereupon began to fret, went upstairs to her bed crying, and soon after complained of pains. As she was not near her time, these were not considered labour pains. In a very short time, however, a child was born. Flooding came on. The patient got very faint. A surgeon (Mr. LITTLEWOOD) was sent for, but only arrived a quarter of an hour before the death of the patient. The child too was dead, and the navel-string untied. The jury, after a consultation of two hours, returned the following verdict: "That the death of the deceased and her infant child was caused by the gross neglect of her mother in not obtaining medical aid in due time."

We are afraid that there is no room for difference of opinion as to the justice of this censure of the mother of the deceased. But as this is so obvious, and as her own distress will be very great, we shall not dwell upon this result of the inquest. There is one thing, indeed, to be said in her favour. Amenorrhœa is far from uncommon in young women, apart altogether from pregnancy. And it was not unnatural that till unpleasant facts forced the worst construction upon the amenorrhœa she should refuse to take this view of it. Of course she refused too long. Long before the fatal labour set in, she should have got medical opinion upon the facts, and resolved upon making the best of them. And after suspicious pains came on it was positively cruel to delay.

Mr. KNOWLES's conduct throughout this transaction is open to very grave censure. He was acting most culpably in prescribing powerful medicines under the circumstances. Though latterly Mr. KNOWLES seems to have prescribed nothing more than aperient pills, we consider even this prescription exceedingly reprehensible. Indeed, the frequent use of such things in advanced pregnancy might of itself be a cause of premature labour, which actually happened in this case. It is to be much regretted that neither the Coroner nor the jury expressed any censure of the action of the chemist in this case. The prescription for amenorrhœa by chemists is an evil which will have to be kept before the public; and we should be untrue to our function as medical journalists if we did not take every opportunity of exposing it. If the amenorrhœa is legitimate and virtuous, it is too serious a symptom of illness to be treated by a druggist; if it is a mere indication of pregnancy, the attempt to cure it is a crime. We believe that chemists and druggists will admit the reasonableness of these views; and we trust that they will discontinue the practice of prescribing in such cases.

We now come to a second case, almost as painful and tragical as the preceding one. At the late Montgomeryshire Spring Assizes, a respectable young woman was tried for the wilful murder of her illegitimate child under the following circumstances:—The child in question was four months old. Its mother had been a pupil-teacher in the National School. She had been uniformly very kind to the unfortunate child. According to the testimony of her mother, "she was a good, industrious girl, and worked night and day to support the family. She clothed and shod her younger brothers and sisters, and helped to buy coal for the house. The family were not supported by the father. *A better girl never was born before that misfortune.*" The child had generally been nursed out, but the different nurses returned it; the last one because it cried and disturbed her husband. Accordingly it had to be nursed at home, and in the empty state of the cupboard it is not to be supposed it cried any less or was felt any less to be in the way. Mother and daughter soon quarrelled about the unfortunate baby and its cry.

"On the Thursday morning the child was very cross, and I told her to take it down to the fire, so as not to disturb those in the house. I spoke to her sharply, and she took the child. I said, if you shake it I'll call in the police,; and she said if I spoke so she'd go and drown herself.

"On the Friday afternoon prisoner had the child in her arms; and I (her mother) never saw it again alive. We had high words, and I said she must take a situation, or take lodgings. She had a good trade in her fingers, and must make the best of it. No one ever nursed the baby kinder than she did."

Although her mother appreciated her kindness of nature, she actually turned her out of the house on the Thursday, carried her box downstairs, and put it out of doors. In this strait she went with her sorrows to the Archdeacon. She

told him everything, and he seems to have been kind to her, and promised to get her a situation. But while the grass was growing, the horse was starving. She returned home, and finding existence there insupportable, she took her little one and herself to a canal and plunged into it. She was got out alive, but the child was dead; and it was with the murder of this child that she stood charged at the Assizes. The verdict turned upon her state of mind—or rather the punishment did. Dr. LEMON gave evidence to the effect that the physical and mental depression of the prisoner would be very likely to deprive her of the power of resisting what she knew to be wrong, if it did not actually diminish the power of judging between right and wrong. The jury assented so far to this view as to return a verdict of "Not guilty," on the ground of the prisoner not knowing what she was doing.

Our opinion has been asked of this verdict and of the medical evidence on which it was based. Few of us would find it either in our hearts or in our heads to give any other opinion as to the state of mind of the prisoner than that expressed by Dr. LEMON. And yet she cannot be said, in any strict sense of the word, to have been insane or irresponsible. Her letters to the young man who was courting her, the consistency of her own behaviour up to the last, all show her to have been terribly sane and sensible, and withal kind. She was simply distracted and desponding. We are aware of the difficulty in which such a view lands juries and judges. The crime is nominally murder; but really it is not such. There is an entire absence of malice, which is the essence of murder. Just a few minutes before the prisoner took the child out to drown it, she fed it. And yet there is the deliberate taking away of life, which it is the great object of law to preserve, even though it be illegitimate life. It will be an evil day for this country if we come to think less of the sacredness and preciousness of life. But this is undoubtedly the tendency of the merciful treatment of infanticide—a crime which, in one form or another, seems to be growing at a great rate, and which it is not possible to get juries to treat as murder. As we are writing, a jury has been discharged by Baron CHANNELL, at Exeter, after sitting five hours and being unable to come to a verdict on a case of infanticide. In another county a mother who had sent away by train her illegitimate child dead in a box as a parcel to a false address, has been found guilty of manslaughter—not murder—and imprisoned for eighteen months: certainly a most illogical verdict.

This is a serious question which demands attention. All these evils are but symptoms and effects of the one great evil which we have lately felt it to be our duty to expose, and which we may express in one doubtful word—unmarriage. Prostitution, illegitimate births, infanticide, domestic misery, are the hideous progeny of this social fashion, and the price we pay for it. We would shrink from a formal alteration of the law that would attach only a small punishment to the murder of illegitimate children. But society is conniving at juries evading the law. It is virtually and very decidedly recognizing a difference between the value of the life of children born in wedlock and of those born out of it. And those who are troubled with the tendency to carry principles to their logical issues may well get serious over a consideration of what this means and what it involves. Cases like those we have discussed indicate an evil other and greater than that of prostitution. The mothers in these cases were fine women. What was said of one, was probably true of the other—"a better girl never was before the misfortune." If we are to be lenient in punishing infanticide, we must atone for our leniency by being more severe in our punishment of seduction. The seducer often succeeds by promising marriage. In Scotland, under such circumstances, we believe, a seducer is compelled to marry, or is considered married. *Copula sequens promissum facit matrimonium.* We should be glad to see such a law in England. And it seems to us that it is only by some such law that the most discreditable multiplication of such cases as we have discussed can be prevented.

IN a recent debate (*vide* THE LANCET of the 11th inst.) the Earl of DALHOUSIE called the attention of the House of Lords to the condition of the military hospitals at Netley and Woolwich. The establishment at the former place was declared to have proved in every respect successful, notwithstanding that the site of it had been described as unhealthy, and that "strong efforts had been made to defeat the objects of the establishment." But whilst his Lordship defended Netley, he declared that the condition of the new hospital at Woolwich was most unsatisfactory, it not being suited to the purposes either of a general or regimental hospital. It was built, according to his Lordship, on "the glass and glare principle," which, however well suited to museums and flower-shows, was one to which it was absolute cruelty to subject a sick person, a first object connected with whom should be "to relieve the brain and the eyes from too much light." Leaving all the good qualities of Netley Hospital to take care of themselves, and the bad ones to other faultfinders, we will detain our readers with a few particulars of the Woolwich Hospital. This institution, or Herbert Hospital, is situated, as is pretty well known, on Kidbrook Common, which lies on the western side of Shooter's Hill, the building itself being best seen from the south-east. It is built on the *pavilion* principle, and is, in the opinion of some well qualified to judge, a model of arrangement generally for that class of building, though it might be desirable that certain features in its plan had been slightly different from what they are. It is well known that a most useful contemporary, the *Builder*, has for some time past taken an active part in the pointing out of certain defects of hospital planning. But in the approaching completion of the Herbert Hospital it has shown even more than professional interest, seeing that the building will be regarded as "the grand experimental test" of the soundness of the views which have been maintained by Mr. ROBERTON of Manchester, by Miss NIGHTINGALE and others in England, and have been accepted as conclusions by different Royal Commissions. Hence, it has followed that our contemporary has set itself to inquire into, and sift with great attention, the reports which have been industriously circulated of serious failures in the construction of the edifice, and the assertions avowing that the site had been selected badly for the especial purposes of an hospital.

We have now before us a valuable Report (*Builder*, March 18th) on the subject, and we intend to make free use of it for the benefit of our professional readers. The Commission, from all that had been stated some time previously, and more recently by the Earl of DALHOUSIE, was prepared to find, on a visit to the building, evidence of malconstruction of the most serious nature. Nothing of the kind was apparent, and it asserts

that what was reported concerning the pavilion principle, and of the plan of the Herbert Hospital in particular, was incorrect in every essential point. As regards structural defects, there were none which could be discovered implying that there had ever been any of the alarming character that might have been supposed, or that are not such as may be often found in extensive works, even where the stratum of foundation is more favourable than is that which has been selected for the Herbert Hospital. Whether the actual site were wisely selected, economy of construction and suitableness for hospital uses being in view, it would be unfair to determine in the absence of information concerning other sites, some of which were suggested by a correspondent in the pages of our contemporary. Still it must be admitted that, though finely placed for a prospect, the fact that a cemetery is a conspicuous feature in it, and that the ground is undeniably clay of the worst kind, with the flow of its *natural* drainage running transversely to the lines of the wards, must be regarded as objections. However, what was considered the best method of artificial drainage of the general site was had recourse to partly before and after the building was commenced. But were there not failures in the construction of the latter itself? will ask the hospital detractors. Let us hear the Report:—

"There was a settlement in one of the side-walls of one of the pavilions, in the middle of the length, which opened some of the joints of window-arches, whilst cracks extended in two or three of the bays up the brickwork, as from the arch of one window to the sill of a window above; but they do not appear to have been of any such importance as those which may be seen in the Palace at Westminster, both in the front to Old Palace-yard and that to New Palace-yard. Proper tests applied proved that the cracks did not increase in width. Greater strength at the spot was given to the foundations; and we imagine that some description of shoring during the operation of filling-in concrete may have attracted Lord Dalhousie's attention. The traces of recent pointing-up, externally, would now almost escape a practised eye; and, internally, a hair-crack or two in the plaster, and a trifling unevenness under a window, require to be pointed out to be seen or felt by the hand. As to the work generally in this building, it deserves the highest praise. Mr. Myers, who is the contractor, has had in his hands some undertakings of extraordinary magnitude; and he has never done better than in the Herbert Hospital. The principle for hospital planning, of which the building under notice claims to be an exemplification, requires that materials and workmanship should be of the highest class; moreover, in this case, there was the disposition on the part of the Government to provide a building in all respects worthy of the nation—a disposition so seldom found as to occasion surprise when made manifest; and the contractor here seems to have been able to work up to both demands. If there be defects, they are not in the work: everything is good, true, well fitting, and well acting."

Such a judgment from those well able to decide is surely most satisfactory. With regard to the "glass and glare" which has been found fault with, it is presumable that "Lord DALHOUSIE must have had in his recollection the corridors which connect the pavilions or ward-buildings, and are lighted on both sides between the pavilions by very large windows." Besides, "his Lordship cannot have considered the statements, which are those of medical men, and of others who, like Miss NIGHTINGALE, are qualified to judge, that abundant light is not hurtful but beneficial, unless in cases of ophthalmia"—statements which we ourselves endorse most willingly. We learn from the Report that the building is planned to receive 650 patients, or 640 beds in the ordinary wards and 10 in the supplementary wards. The former measure, some 117, some 108, and some 73 feet in length; all more than 26 feet in width; and all are 14 feet high. The walls of the wards are rendered and the ceilings plastered in Portland cement, and both are finished in Parian to a hard and polished surface. The stoves in the middle of the wards have descending flues, and seem, it is said, to embody contrivances which will render them very important contributions to good hospital construction. SHERINGHAM'S ventilators for the admission of air are inserted in the upper part of the walls on each pier, whilst there are outlet-flues from the four corners of the ward to louvres which are placed on the roof. The staircases for the ward-buildings are specially designed for ease of ascent. The nurse's room attached to each ward has the inspection-window so placed that it scarcely commands every bed; a bow-window is recommended. Water to the amount of twenty thousand gallons per day will be supplied by the Kent Waterworks Company to softening reservoirs placed in a building on Shooter's-hill, whence it will descend to the hospital. The softening process to be adopted is that known as CLARKE'S. Nearly opposite the hospital is a large washhouse and laundry, and here also hydraulic power is accumulated to work the lifts in the building. The kitchen, which has one of BENHAM'S great cooking-stoves, similar to one exhibited in 1862, has a large serving-window, from which the comestibles will be conveyed along the corridor to the lifts, of which there is one communicating with each ward above. In the washhouse, the most approved contrivances for heating and wringing are in use. Under the western wards there are provided rooms for a board-room, museum, medical officers' library, non-commissioned officers' quarters, and stores. The spaces under the eastern wards are left unappropriated. Ground was first broken for the building in September, 1861, but the sewer had been commenced in the previous year. The building is now all but ready for occupation. The total cost may be estimated as likely to amount to £205,486. Mr. MYERS'S original contract was, we are told, £153,100, but to that amount there have been large additions. The floor-joists alone cost £6786, and the cooking apparatus and ventilating stoves nearly £1500. The drawings for the building were prepared at the Royal Engineer department of the War Office, under the superintendence of Captain GALTON.

Medical Annotations.

"Ne quid nimis."

APOTHECARIES' HALL.

To look near home is an admonition often given to fault-finders, and it is one which bears the seal of rough and substantial justice. So that when our correspondent "Professor" charges the Apothecaries' Company with systematically admitting to their licence, of late, students of practically but one year's medical standing at school and hospital, we feel bound to notice the complaint prominently. Of course there is a difference between the exceptional violation of their rules upon petition and after examination in alleged special cases, and an open framing of rules bidding for purchasers without examination under the cloak of an *ad eundem*. The action of the Glasgow Faculty was in the nature of a public injustice to the

Apothecaries' Company according to their stated regulations. And no doubt, if the Faculty had not, upon our representations, so promptly redressed the wrong, the Medical Council would have intervened with imperative measures. Without discussing how far the abstract sense of justice called thus suddenly into play might have sufficed to prompt the ready retraction of the Faculty, we may express satisfaction that the influence of a central authority, although in the shade, such as the General Medical Council, gives instant meaning and additional force to complaints of any such gross violation by licensing corporations of the rules necessary for preserving the general elevation of the educational standard in the profession. The Apothecaries' Company are particularly bound to keep this standard high: they are bound by the traditions which claim for them the merit on their part of doing much to improve professional education by their own spontaneous efforts; by their position as an important metropolitan body; and by their common allegiance to the profession and the Council. When one person can speak of four first-year's pupils being admitted from one school to examination in two years, the imputation against the Society becomes grave. The inference that other cases, whether proportionate in number or not, have occurred, seems fair and reasonable. The competition of the College of Physicians in granting a licence for general practice is no doubt a serious matter to the Society of Apothecaries; for, as the examinations and the fees of the two are about equal, there are many who prefer to connect themselves with the dignified College in Pall-mall rather than with the venerable establishment in Blackfriars. But it is assuredly not by lowering the scientific value of their licence that the Apothecaries will meet this rival successfully. This is not their traditional policy; it is not their wisest policy. The licence of the Apothecaries' Company is now respected throughout the United Kingdom, because it has been known to mark a good education, a full curriculum of study, and a term of practical experience. Hence some thousands of practitioners wear the title with credit and satisfaction. They have a right to demand that, whatever the exigencies of competition may be, nothing shall be done to lessen the ancient worth of their diploma. The authorities of the Apothecaries' Society owe it to themselves and their members to explain the alleged laxity of admission.

VACCINATION AT HOSPITALS.

THE authorities of Guy's Hospital have recently circulated amongst other metropolitan hospitals a copy of a memorial which they propose to address to the Lords of the Privy Council, calling attention to an alleged existing grievance in respect to the present regulations requiring from students that they shall procure a certificate of having learned the art and mystery of vaccinating from an appointed practitioner—the vaccinator of the district. The memorial is too long to quote; but it sets forth that at Guy's Hospital there exists a department for women and children; that vaccination is there carried on on an extensive scale; and that the certificate of the teacher there ought to be held sufficient for all future appointments, and to all intents and purposes equal to the certificate of the public vaccinator. We are not aware what action other schools and hospitals may have taken in the matter; but we learn that one school—St. Mary's Hospital Medical School—has expressed itself unable to concur with Guy's Hospital School on the subject, and this on grounds of so much public importance that it may be well that they should be openly discussed. Vaccination of the children of the poor, it is urged, is a part of State medicine, and one for which happily some provision is made by the State. This is not the case of relief of disease for those who urgently need care during sickness and are otherwise unable to obtain ready assistance. It is a question of carrying out a great measure of national security, for which the State has taken measures more or less ample in themselves, well-devised, carefully superintended, and not so rigidly cast but that they may be yet further extended and altered if desirable. The vaccination of the poor is a duty performed by officers paid by the State. Why, then, take from those officers the children of the poor to vaccinate them gratuitously? This is no charity; it is no part of the duty of hospitals. The paid appointments of public vaccinators depend upon the fees for each child vaccinated; and it is not desirable, either in the interests of the State or of the profession, that their remuneration should be lessened by the gratuitous undertaking of this work by the honorary officers of hospitals. Vaccination stations are the proper appanage of general practice, and the work would be performed far less regularly and less completely were not the vaccinator thus personally interested in seeing that every child born in the district is brought to him to be protected by vaccination.

BOURNEMOUTH.

SOME weeks ago we drew attention to the strife carried on at Bournemouth regarding the drainage of that important and growing watering-place. We expressed a hope that the lamentable effects of sanitary neglect which have cast a dark shadow over so many of our favourite seaside localities, might not fall to the lot of Bournemouth, while we also informed our readers that there was a prospect that the party of foresight and progress would carry the day. As yet our hopes have not been realized. The war is still being carried on, at times with a little obliviousness of the amenities that might be preserved between belligerents who both profess to seek the welfare of their town. Doctors Buralem and Falls, with the usual unselfishness of our professional brethren, continue to urge the adoption of what appears to us to be wise and reasonable propositions; but the commissioners to whom they are opposed have as yet failed to carry out the preliminary measure to which they are pledged, of securing the advice of an independent sanitary engineer; so that the whole question continues *sub judice*, or rather under the judgment of the local surveyor. We are sorry to find that even the first principles that bear upon this whole matter are scarcely understood by some who ought to be better informed. One gentleman writes to the local papers claiming a comparative immunity for Bournemouth from contagious disease, as if this were a point in dispute.

The inhabitants should be informed, if they do not yet know it, that Bournemouth is considered by those members of the medical profession who have paid most attention to climatology, to be particularly salubrious, and that is the reason why they have so largely recommended it as a place of residence to invalids. It is on account of this acknowledged salubrity that Sir James Clark, Dr. West, Dr. Sieveking, Mr. Edwin Chadwick, and Dr. Ferguson have expressed themselves so strongly as to the paramount duty of the ratepayers to secure a thorough and efficient system of drainage of the place, and not to wait until the increased mortality and the spread of endemic disease raise the present low death-rate to what it was, say at Worthing, before its drainage was reformed. It is thought by Drs. Buralem and Falls, and the gentlemen who act with them, that, as Bournemouth is growing rapidly, it will be eventually more economical in every point of view to provide on a comprehensive scale the best and most complete system of sewerage, and one that may be capable of gradual development with the increased wants of the locality. Nor do these gentlemen dogmatically assert that such and such system is the best, but they merely ask that, in the first instance, the best advice should be taken which is attainable. Their opponents, if we understand the reports of the different meetings rightly, appear bent upon frittering away their money, as they evidently are their time, by driblets. It would clearly be better to have no drainage at all, and adopt the Japanese system, by which the ordure of each house

is separately conveyed to the fields, than keep up a perpetual agitation for the sake of exalting some local magnate. We sincerely trust that we may soon have to report that a decided step has been taken in advance, and in the meantime we would beg that Drs. Barslem and Falls and their coadjutors will not relax in their praiseworthy efforts to place Bournemouth in the front rank of health-giving resorts.

THE WAGES OF DEATH.

ANOTHER suicide has occurred among the victims of the quacks, whose obscene and vile advertisements still pollute the pages of some metropolitan, and many country papers. The circumstances are of the type now commonly known. The unhappy man was a corporal in the Guards, and was not really labouring under any disease, but had been deluded into the belief that he was in a desperate state by reading those abominable and lying pamphlets which some newspaper proprietors still consent to be paid for advertising, and so spreading over the country. The evidence showed that at Christmas he wrote to Messrs. Smith and Co., of Burton-crescent or of Tavistock-square, witness did not know which, and received from them a book called the "Warning Voice," of which he read the 3rd and 4th chapters. He paid £1 5*s.* for medicine, which he took three times a day. He afterwards became greatly depressed. Witness had often seen him look in a glass, gnash his teeth, stamp his feet, and say, "I feel I am a ruined man for life." He also asked, "What is the quickest death to die?" Witness tried to cheer him up, going with him to various places; and he (witness) was firmly of opinion that the letters he received from Burton-crescent, and his reading of the book referred to, had excited his mind and caused him to commit suicide. Up to that time, deceased had always been a lively, jovial man among his comrades. The occurrence here and there of a suicide such as this leaves only to be distantly guessed at the wide-spread misery, the distress of mind, the moral injury, and the physical suffering due to the system carried on by such men as these. We hope that the recurrence of these striking proofs of the urgency of the appeal which we have made to the conscience of newspaper proprietors throughout the kingdom, will secure final and unanimous adoption of the resolution no longer to soil their pages with the announcements accessory to a traffic of which the profits have been justly denounced as more infamous than those of the slave-trade. We feel assured that public opinion will everywhere condemn newspapers so defiled.

THE TWO PHARMACY BILLS.

IN another column we publish the present position of the two Bills for the regulation of the qualifications of Chemists and Druggists in England and Wales. That introduced by Sir Fitzroy Kelly is already in the hands of the members of the House of Commons, and seems to be a measure possessing many excellent features, though incomplete in some particulars. That of Sir John Shelley is ordered to be printed. We have a draft of the original measure, but understand that it differs somewhat from that proposed to be submitted to the House. When this second Bill shall be before Parliament, we propose to contrast and discuss the relative merits of the measures, trusting that the wishes of their respective introducers may be carried out, and a useful, safe, and efficient Act be the result of their co-operation. We may observe that any measure will be incomplete that does not restrict the sale of drugs and chemicals, as well as the compounding of prescriptions of qualified practitioners, to persons possessing competent knowledge.

ARMY MEDICAL SERVICE.—The sum of £246,544 has been voted for the Army Medical Establishments.

Correspondence.

"Audi alteram partem."

APOTHECARIES' HALL.

To the Editor of THE LANCET.

SIR,—You called attention recently to the mode in which the Faculty of Physicians and Surgeons of Glasgow conferred their medical licence upon surgical applicants supplying the requisite fee, and I have this week to direct your attention to considerable *laches* on the part of another Examining Board—that of the Apothecaries' Company.

It must be in the remembrance of all your readers that the Medical Council *recommended* that the four years of professional study required from every student of medicine should date from his entry at a medical school. The authorities of the College of Surgeons at once contravened this regulation by making the four years date from the commencement of pupilage with a medical man, and have hitherto carried their point; but they still insist upon three winters and two summers being spent at a medical school before the student can be admitted for examination for their diploma. The authorities of the Apothecaries' Hall, however, though professing to maintain the standard of medical education at the highest pitch, hard run, possibly, by the higher attractions of the licence of the College of Physicians to well-educated men, have latterly thrown open their portals to students who have completed *one* winter and *one* summer session, provided always that they can show that they have faithfully *dispensed drugs* during five years, and go through the farce of petitioning the Court of Examiners.

No necessity for clinical teaching and observation—no inquiry as to general or medical information, so long as there is a five years' service "after the manner of an apprentice," one year's attendance at an hospital, and a fee ready to hand! Never was medical education reduced to a more complete farce since its first recognition in 1815.

The licence of the Apothecaries' Company is always considered to be a *medical* degree, and it is, therefore, the more astounding that first-year's men, who notoriously attend surgical practice only, should thus be admitted to, and—still more marvellous—pass, the ordeal. Either I have hitherto had a very false notion of the anatomical, physiological, chemical, toxicological, obstetric, and general medical information of first-year students, or the gentlemen to whom I am alluding must have been veritable Admirable Crichtons. Or is it possible, as has been suggested, that the examination at Apothecaries' Hall is so tempered to the shorn lamb that it were difficult indeed to come to grief there, the examiner kindly shifting his ground, as may be necessary to suit the feeble footsteps of the examinee?

As the Medical Council will soon be in session, I trust that some independent member will move that the representative of the Society may be called upon to explain these circumstances. No doubt the profession at large will agree that it is high time some action should be taken respecting the Apothecaries' Company, when it is known that four examples of the practice referred to have occurred within the last two years at only one of the metropolitan medical schools, and no doubt at other schools in a similar ratio. If, too, the censorship of examinations vested in the Medical Council is not to remain for ever a dead letter, one would suggest an *impromptu* attendance of a Censors' Board at Blackfriars some Thursday evening at as early a date as may be generally convenient.

I am, Sir, your obedient servant,

March, 1865. PROFESSOR.

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your affording me space for the annexed letter from the Poor-law Board, it being the reply to one dated 6th March, and inserted in your journal of the 11th inst. It has been said that "language was given to enable us to conceal our thoughts," which is verified by the wording of the letter from the Board. I believe our appointments and contracts are two different things, and even where the former are permanent, the latter can at any time be altered; there-

fore, perhaps, it may be intended to enter into new contracts with the medical officers, and readjust on equitable principles all the salaries. I trust it may be so.

Allow me here to explain that the M.P. to whom I referred in my last letter as not having replied to my communications since Jan. 31st, has forwarded to me a letter, dated March 6th, in which he explains that domestic affliction and absence from England were the causes of the long delay. He also says: "I quite agree with you that some such measure as that drawn by you should become the law of the land, as the present state of the law is not only unsatisfactory but unjust to the profession and the poor. When you first addressed me on the subject of my introducing a Bill this session, I thought I should be able to do so with effect, but I regret that circumstances will prevent me taking an active part during the present session.....is greatly opposed to an alteration of the law, and *county members* will not hear of any alteration. There must be something very wrong in the profession when it is unable to make itself felt, in a political sense, throughout the country. Attorneys have their organization, and when any question relating to them comes before the House, *it is not only heard*, but duly considered."

From the above quotation I greatly fear that nothing can be done by the Poor-law medical officers this session. If, however, the Poor-law Board still continue obdurate, we must, like the lawyers, become politicians, and, at the next election, refuse to give a vote without a promise that each member will aid in obtaining from Parliament an equitable adjustment of the claims of the Poor-law medical officers, which is all that we ask, and which no honourable man ought to refuse. I trust the medical men of Wolverhampton will insist upon Mr. Villiers giving this pledge, as I cannot but feel he is our great opponent.

I am, Sir, your obedient servant,

12, Royal-terrace, Weymouth, 20th March, 1865. RICHARD GRIFFIN.

Poor-law Board, Whitehall, 18th March, 1865.

Sir,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 7th inst., on the subject of the supply of expensive medicines when required in the medical treatment of sick paupers.

The Board direct me to inform you that they have given much consideration to the subject referred to in your communication, and have caused various inquiries to be made as to the best course of proceeding, to carry into effect the recommendation of the Committee on Poor Relief on this point.

In the cases of new contracts which are entered into by Boards of Guardians with their medical officers, the Board are endeavouring to secure, in the most practicable manner, the objects suggested by the Committee; and they will not lose sight of the subject if any further proceedings for the purpose should appear to them to be practicable.

I am, Sir, your obedient servant,

R. Griffin, Esq. ENFIELD, Secretary.

THE OVARIOTOMY CONTROVERSY.

To the Editor of THE LANCET.

SIR,—At page 202 of your current volume Dr. Clay has made some statements respecting a case published at page 103 of Mr. S. Wells's work on "Diseases of the Ovaries," which call for some reply from me as the ordinary medical attendant of the lady. Dr. Clay says his opinion was—while Mr. Wells, "as well as those that were with him" knew it—"On no account seek any operation. If ever I saw malignant disease, this is a case, and, if operated on, must terminate speedily in death." Dr. Whitehead attended the case with me, and we can aver that when Dr. Clay was called in he did not express any such opinion. He at once tapped the patient, without previously consulting with us. This operation was followed by the usual signs of local peritoneal inflammation, which most probably resulted in adhesions, as the only adherent surfaces encountered by Mr. Wells and myself were in that locality. Dr. Whitehead is also a witness. None of us believed the disease malignant, and the tumour, on being removed, was found to be an ordinary innocent multilocular one—no sign of malignancy existed. Mr. Roberton, surgeon, who used chloroform, likewise viewed the tumour.

Dr. Clay further says—"I was earnestly pressed to operate, but, though a splendid fee would have resulted, I persevered in my refusal." The husband of the patient and Dr. Whitehead can bear me out in saying that Dr. Clay never did refuse to operate, for this very good reason, that he was never asked to do so: after his tapping, the patient resolutely refused to see him again. When an operation, with the urgent request of the patient, was ultimately decided on, Dr. Whitehead first named Dr. Clay as operator; but the lady strenuously rejected the proposal, and chose rather not to undergo the operation at all than allow his interference. The insinuation of Dr. Clay that Mr. Wells was tempted by a fee to operate in a case decidedly hopeless, seems to me as exceedingly wrong as it is utterly groundless. Mr. Wells concurred with Dr. Whitehead's opinion and mine that a fair and reasonable prospect of success existed. The patient went on well for seventy-three hours. She did not die, as Dr. Clay says, a few hours after the operation, but on the fourth day, and after some other cause intervened.

I am, Sir, your obedient servant,

Upper Parliament-street, Liverpool, March 22nd, 1865. JEPHSON POTTER.

*** This discussion was introduced by articles from Dr. Clay, inserted in THE LANCET on the faith of his professional status, and with the sole view of promoting the interests of science. We regret that personal matters affecting Mr. Spencer Wells should have been introduced by Dr. Clay, and that they should have escaped our notice and thus appeared in print. Our pages are freely open to Mr. Wells for any statement he may think it advisable to make. With this, we must leave the discussion of personal matters to Dr. Clay and Mr. Wells.—ED. L.

ENTOZOA AND PARASITES.

To the Editor of THE LANCET.

SIR,—Dr. J. Pidduck seems to think that an enfeebled state of the body is advantageous to or even necessary for the invasion of entozoa. Nothing can be more contrary to the teachings of science. The human body in a state of perfect health is the legitimate home and territory of various species of entozoa, just as much as England is, by Providential arrangement, the territorial residence of Englishmen.

By all means, however, let Dr. Pidduck prescribe "tonics and good living." Such treatment may amuse his patients, and cannot do much harm.

I am, Sir, your obedient servant,

T. SPENCER COBBOLD, M.D., F.R.S.

Middlesex Hospital Medical College, March 17th, 1865.

NEWCASTLE-ON-TYNE.

(FROM OUR OWN CORRESPONDENT.)

THE "report" of the dispensary in the sister borough, Gateshead, has just been issued. The total number of cases treated by this valuable and well-managed charity for the year has been 6075. The medical "report" refers to the large number of cases of small-pox and fevers of various types which have been recorded, which it attributes "to the overcrowding of dwellings, and the almost universal neglect of proper sanitary precautions." The Committee pays a graceful tribute to the memory of the late venerable Dr. Headlam. It has been calculated that since the institution of the charity in 1832 the enormous number of 158,748 cases have received its attention. A useful check to a rather common abuse of institutions of this nature is provided by a discretionary power being vested in the medical staff of refusing to attend patients whose circumstances do not entitle them to the benefits of the charity. This, as you have often urged in your columns, is an important matter to the profession and the public. The governors "express their warm thanks to the honorary medical staff and to Dr. Banning, the resident medical officer, for the excellent manner in which he has fulfilled his duties, especially in reference to his consideration of the feelings of the poor."

Many of your readers will be glad to hear that Professor Chevalier is engaged with a biography of Dr. John Dickenson, the amiable and intrepid graduate of the University of Durham who volunteered to accompany the mission of the Universities

of Oxford, Cambridge, Durham, and Dublin to Central Africa. Dickenson, it will be remembered, although exhausted by hardships and repeated attacks of fever, from considerations affecting the health of his companions refused to leave them when he might have done so with safety and without dishonour to himself; but nobly perished, like so many of his profession, at the post of danger. A movement is on foot to erect some suitable memorial in the College of Medicine here where he studied. No doubt his fellow-students will be glad to aid this object, as well as the profession generally in the north of England, in commemoration of one of whom "they may well be proud." Dr. T. T. Pyle, of Sunderland, is honorary secretary.

At the last meeting of our Medical Society there was a good attendance of practitioners from both counties. Dr. Charlton exhibited an obstructed abdominal aorta &c. from a patient with valvular disease of the heart. Dr. Ellis showed the trochlear portion of the astragalus from a compound fracture of the ankle-joint, in the practice of J. H. Merryweather, Esq., Guisborough; also an escaped cataract from a case of sloughing of the cornea. Dr. Wm. Murray introduced a child showing the effects of inherited syphilis. The following papers were read:—Dr. R. M'Leod, "Case of Foreign Bodies in the Right Bronchus," with specimens; Dr. Wm. Murray, "On the Action of Digitalis in Cardiac Disease;" Dr. Philipson, "Case of Fibrinous Concretion in Pulmonary Artery," with specimen, in the practice of T. Y. Thompson, Esq., Newcastle. Dr. Heath exhibited tumours, prepared by Mr. Craster, from two cases of ovariotomy referred to in a previous letter. The second case, which it will be recollected was that of a woman sixty years of age, terminated fatally on the seventh day from peritonitis.

A series of articles on the "Common Lodging-Houses" of this town have appeared in the *Daily Express*; they are from the pen of a special commissioner. He says—"The provisions of the Lodging-House Act are rigidly enforced by the inspectors. The houses are generally well regulated; and when we consider that the great bulk of the houses are in the old and overcrowded localities of the town, it seems at first sight almost impossible to arrive at anything like a proper sanitary system. Every convenience that the houses will admit of has, however, been provided. The worst specimens of the kind are to be found in Pandon and Sandgate, where many of the houses, owing to their dilapidated condition, are scarcely fitted for human habitations. Many of these houses are situated in dark courts and *culs-de-sac*, into which the light of day seldom, if ever, penetrates, and are noisome and unsavoury to a degree. The most extensive lodging-house in the town is in the Stockbridge. The landlord, nicknamed 'Lord Clyde' by his lodgers, has no less than twenty sleeping-rooms, and can accommodate seventy people. This house resembles a huge barrack, and the stairs and rooms appear interminable." If an exception is required to prove the rule that overcrowded localities are unfavourable to longevity, here is a striking instance:—"One of the most extensive lodging-houses in Sandgate is the property of an aged woman, known as 'old Sally,' who is said to be 106 years of age; she nevertheless appears to be hale and hearty, and can crack her jokes with the inspectors, and but for a rather formidable-looking beard would on the whole be a pleasing specimen of a centenarian lodging-house keeper." The headquarters of the Italian organ-grinders is in Pandon, once the abode of the old Saxon kings. Since their extradition from the metropolis, this singular class of men have made a descent on the provinces, and Newcastle, in common with other towns, has received an additional supply of their delectable music. In Mackford's-entry, Pandon,—perhaps one of the filthiest localities of the town,—two lodging-houses in proximity to each other are devoted to the exclusive accommodation of these wandering musicians. Both houses are kept by Italians, who are also disciples of the crank. Some of these men—several of whom, by the way, are fine specimens of their nationality—are the owners of their organs, which they have paid for by periodical instalments. The majority, however, pay a stated sum weekly for their use; and an "organ master" from Liverpool pays a periodical visit to Pandon to collect his rents. Our visit to the classic precincts of Pandon was at the time when the musicians were enjoying supper after the toils of the day. And here the men appeared in their true colours, not the melancholy-looking men we see playing in the streets, whose whole soul seems to be centered in the ring of a copper on the pavement, but true natives of the sunny South, enjoying themselves with real southern *abandon*. "The majority of the 'grinders' seem to affect English wives, and the older men have invariably the youngest helpmates, of whom they are said to be inordinately jealous." The writer thinks that, taking into account the unhealthy localities of the common lodging-houses, their sanitary condition is very fair; and says that the inspectors have used the utmost care and circumspection in seeing that the provisions of the Act are carried out to the letter. Another onerous duty, however, devolves upon the inspectors: they have to investigate sanitary abuses in private houses in the poorer parts of the town, where the tenants often take in surreptitiously poor lodgers without any accommodation whatever or proper separation of the sex. In these cases detection is not an easy matter; for when a complaint is made they speedily shift their quarters. It is these dens which are the prolific nurseries of epidemic diseases. The writer goes on to state that, "by way of contrast to the order and cleanliness prevailing in the lodging-houses, the inspectors showed us into a hole,—we cannot call it a room,—where five human beings had existed for several months. The place was low, damp, and pervaded with an atmosphere resembling that of a charnel house. The only light into this den was through a small window, totally destitute of glass, looking into a dark and sunless court. The unhappy occupants were a mother, her daughter, and two young children, and another grown up daughter. The only article in this hole was a handful of straw, worn to a pulpy, chaff-like mass, the whole of which could be placed in an ordinary slop-pail. This was all that was between the occupants and the damp earthen floor. Of furniture or domestic utensils there was not a single vestige—not as much wood as would make a toothpick."

On the other hand, there is perhaps not another town in the kingdom where the skilled workman is better housed than in Newcastle. Your correspondent is sorry he cannot speak in such favourable terms of the condition of the streets where many of these houses are erected. As is the case in other large towns, the provident and better-class workmen leave the older parts of the town as soon as they possibly can, while their houses are occupied by a poorer class. This process is continually going on, the habitations becoming more and more unfitted for their purpose, and the dwellers more impoverished.

Your correspondent has had an opportunity of examining the patient of Dr. Heath at Sunderland, who was referred to in a previous letter as having been subjected to pressure of the aorta for an aneurism of the external iliac; and his impression of the case is, that nothing in surgery could be clearer than the nature of the affection, nor anything more satisfactory than the mode of cure. "The rapid treatment by pressure under chloroform," if he may so term this improvement in the treatment of aneurism, is a novelty which must be placed to the credit of Newcastle surgeons.

Newcastle-on-Tyne, March 14th, 1865.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

ON Wednesday, the 15th inst., at a meeting of the Medical Society of the College of Physicians, held in the new College Hall, Dr. Francis Cruise, of the Mater Misericordiæ Hospital, exhibited an "Endoscope" which he had been using for some time past; and read a short paper explaining its practical utility in the diagnosis and treatment of many hitherto obscure forms of disease, especially of the rectum and urino-genital organs. Dr. Cruise's endoscope is a modification of Desormeaux's, and possesses the great advantage over it of an illuminating apparatus so brilliant, and admitting of such easy and perfect adjustment, that little or no previous training is required to enable the practitioner to obtain a satisfactory view of deep cavities which heretofore have been generally looked upon as quite inaccessible to sight, such as the bladder, urethra, remote portions of the rectum, &c. Dr. Cruise's paper was enriched by a number of obscure cases in which he had used his endoscope to the entire satisfaction of many of his *confrères* in this city.

Up to this period endoscopy has undergone many fluctuations in the estimation of practitioners. Originally suggested by Segalas, who does not appear, however, to have made much of it, it was earnestly studied by the late Mr. Avery, of London, and subsequently with varying success by many other observers; but it is to M. Desormeaux, of Paris, that the credit must be ascribed of perseveringly urging its use, and of suggesting the apparatus of which Dr. Cruise's is a modification,

the great defect of which was the unmanagable nature of the mode of illumination employed—a defect perfectly remedied in that submitted for the inspection of the Society on the occasion alluded to. From the mode of illumination Dr. Cruise has suggested, unquestionably we have now at our command an instrument which will enable us to extend and correct our ideas respecting the nature of ailments about which formerly we were very much in the dark, and so materially to advance us in their treatment. On the present occasion it is unnecessary to enter into details of the method by which Dr. Cruise obtains the admirable illuminating adjustment in his instrument, as I understand that he is on the eve of publishing an account of it, as also a *résumé* of the work hitherto accomplished by its use; but I think it only a simple act of justice to this gentleman to notice his labours and improvements, to compliment him on the very favourable reception his communication met with, and to give him the credit of priority in following up in this city the study of the long-neglected endoscope, of having so modified it as to give us a really valuable instrument, and of demonstrating for the first time in Dublin its unquestionable value as an aid in diagnosis and treatment.

At the annual meeting of the Cork Medical Protective Association, held on the 16th inst., many questions of great importance to the well-being of our profession were discussed with that zeal, energy, and ability so characteristic of our southern brethren. The most important of these was that of superannuation of the medical officers employed under the Poor-law and Medical Charities Acts—a question ably handled in your leader on the subject in THE LANCET of the 4th ult. Dr. Mackesy, of Waterford, in speaking to the question, remarked that "he thought Sir Robert Peel could not go behind the assurance he gave the deputation in Dublin, and probably it would be well for him (Dr. Mackesy) to repeat the words of that assurance, as taken down by him five minutes after it was uttered:—"These papers (referring to some then produced) have fully satisfied me, from the time devoted to public duties of the Poor-law medical officers, that they are entitled to a retiring pension, and whenever I can obtain the support of the members for Ireland, I shall again introduce a Bill for the superannuation of Poor-law medical officers." When we contrast this statement of Dr. Mackesy's (the truth of which your correspondent can vouch for, inasmuch as he was present on the occasion, and heard Sir Robert Peel make use of the words) with Sir Robert Peel's answer to Mr. Hassard the other night in the House of Commons, on which occasion he stated that, in his opinion, the officers who devoted their whole time were but six in number—viz., the master, matron, schoolmaster, schoolmistress, porter, and nurse, we are tempted to exclaim,—"Put not your trust in princes or in the sons of men." Another topic on which the meeting expressed a strong opinion was the shortcomings of the General Medical Council. Their inattention to preliminary as well as medical education, and the tenderness they evince towards unqualified persons who assume medical titles, were ably dwelt upon by Dr. Quinan, of Dublin, who attended the meeting as the representative of the parent Association. The propriety of a minimum salary of £100 per annum, and the position of the army and navy medical officers, also came in for a fair share of attention; and Dr. Bennett, of Bruff, one of the ablest and most independent-minded of our country practitioners, in a scathing speech, denounced the conduct of such of our Irish representatives as failed to support the legitimate claims of our profession in the House of Commons, and clearly pointed out to all present that the battle of the profession, as of the Constitution, was to be fought at the hustings, and that medical men, forgetting politics in their anxiety for the weal of the profession, should, in the forthcoming election, only give their votes to those who in return would pledge themselves to support measures of medical reform and progress. This most important and influential meeting was brought to a close by a capital dinner, after which the members present spent a most agreeable evening, until summoned by the railway whistle to disperse to their different homes, many gentlemen having come long distances to attend this conference.

Dublin, March 21st, 1865.

ANASARCA DEPENDING ON DISTENSION OF THE BLADDER.—Professor Trousseau, in one of his late lectures, quoted several cases from his own practice and that of others, in which this cause of anasarca had been overlooked. Catheterism solved the question, and in all cases the anasarca disappeared. This is a useful hint.

Parliamentary Intelligence.

HOUSE OF COMMONS.

MARCH 21.

CHEMISTS AND DRUGGISTS (No. 2).

In Committee of the whole House,

Sir J. SHELLEY moved for leave to bring in a Bill for Regulating the Qualifications of Chemists and Druggists in England and Wales. It was very much to be desired that these two bodies should come together, and, as the hon. and learned gentleman opposite (Sir Fitzroy Kelly) had already a Bill before the House upon this subject, he proposed, if the motion were agreed to, to fix any future stages of his Bill for the same days as those on which the Bill of the hon. and learned gentleman were set down, so that, if necessary, they might both be referred to a Select Committee.

Sir FITZROY KELLY said that, as soon as he was acquainted with the provisions of the Bill about to be introduced, he should be happy to communicate with the hon. baronet, and between them a measure might be agreed upon calculated to work satisfactorily. If, however, as he had some reason to believe, the measure of the hon. baronet went beyond his own in many particulars, he should be sorry to risk the loss of some one Bill of a practical nature this session by striving after objects which might prove to be unattainable.

The motion was then agreed to, and leave was given to introduce the Bill.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 16th inst.:—

Constable, John Henry Caffey, St. George's-road, Southwark.
Craigie, John, Fairlight Villas, Hackney.
Hendry, Daniel, Great Howard-street, Liverpool.
Snow, William Vicary, Vicarage-lawn, Barnstaple.

As an Assistant—

Brown, William, Blackstone-street, Liverpool.

The following gentlemen also on the same day passed their first examination:—

Bruorton, William, St. George's Hospital.
Cecly, Robert Walter, London Hospital.
Croft, John Henry, Guy's Hospital.
Goodworth, Roger Portington, London Hospital.
Gray, John Henry, London Hospital.
Jackson, Mowbray, St. Bartholomew's Hospital.

TRINITY COLLEGE, DUBLIN.—Names of gentlemen upon whom medical degrees were conferred on the 28th ult.:—

BACHELORS IN MEDICINE.

William C. Hassard. | Adam P. Newman.
James Marshall Skelton. |

MASTERS IN SURGERY.

Thomas Agmond Vesey. | John W. Y. Fishbourne.
Henry Joseph O'Brien. |

DOCTORS IN MEDICINE.

Maxwell Fleming. | Thomas Macdougall Blockley.
Robert Bernard, R.N. |

HOSPITAL LIBRARIES.—Mr. E. Walker, of London, has presented to the Chesterfield Hospital a bookcase for the reception of a library for the use of the patients. The first donation of books has been made by Mrs. W. Fowler, who has presented seventy volumes.

SUSSEX COUNTY HOSPITAL.—About seventeen years ago Mr. Defflis, of Marine-square, lest £10,000 to the Sussex County Hospital, subject to the life interest of his relict. Mrs. Defflis has recently died, and, in addition to the sum above-mentioned, has made a further bequest of £3000.

CHOLERA IN LOWER BENGAL.—The usual period for the visitation of cholera is in January and February, but this year, owing to the cyclone, it came much earlier, and was more fatal than usual. The Government, therefore, despatched Mr. J. D. McNeile, with Drs. Bow and Switzer, and thirteen native assistants, to check the epidemic. The number of deaths is estimated at 10,000. As yet, small-pox is confined to a few districts, but dysentery, diarrhœa, and fever are more than usually prevalent.

MEDICAL SOCIETY OF LONDON.—The following is the corrected list of the officers of this Society:—President: I. Baker Brown, Esq. Vice-Presidents: Thomas Davidson, M.D.; Wm. Harding, Esq.; George D. Gibb, M.D., and Henry Smith, Esq. Treasurer: Peter Marshall, Esq. Librarian: James Palfrey, M.D. Secretaries in Ordinary: Edmund Symes Thompson, M.D., and Ernest A. Hart, Esq. Secretary of Foreign Correspondence: Victor de Méric, Esq. Council: F. E. Anstie, M.D.; T. Bryant, Esq.; Wm. Camps, M.D.; Wm. Cholmeley, M.D.; Dr. R. Payne Cotton; Walter J. Coulson, Esq.; Robert Greenhalgh, M.D.; Chas. J. Hare, M.D.; C. H. Rogers Harrison, Esq.; Wm. Harvey, Esq.; Edward Head, M.D.; James Jones, M.D.; Arthur Leared, M.D.; Francis Mason, Esq.; H. P. Robarts, Esq.; W. R. Rogers, M.D.; Wm. Smiles, M.D.; W. Abbotts Smith, M.D.; J. L. W. Thudichum, M.D.; J. Soelberg Wells, M.D. Orator: T. C. Weeden Cooke, Esq.

CHARING-CROSS HOSPITAL MEDICAL SOCIETY.—The following gentlemen have been elected office-bearers for the year 1865–66:—Honorary President: Dr. Hyde Salter, F.R.S. President: E. Sandwell, Esq. Vice-President: W. H. Netherclift, Esq. Treasurer: W. Travers, Esq., F.R.C.S. Honorary Secretary: R. Alcock, Esq. Council: Messrs. R. Bayley, F. B. Beasley, A. Farr, and E. W. Yorath. Representatives of this Society at the Junior Medical Society of London: O. W. Berry, Esq., S. S. White, Esq.

COLLEGE GOSSIP.—It may not perhaps be generally known that the Council of the College of Surgeons at its last meeting directed that the Museum, like the Library, should be kept open for the inspection of members and visitors from March to August until five o'clock, instead of four o'clock, as hitherto.——The Historical Collection formed by the late Professor Quekett and so largely augmented by subsequent purchases, and which hitherto has been almost a "sealed book," is now open to the inspection of members and visitors introduced by them every Wednesday, from eleven until five o'clock. ——Professor Huxley, F.R.S., will bring his course of twenty-four lectures on the Structure and Classification of the Mammalia to a close on Friday next, the 31st instant; and on the termination of the Primary and Pass Examinations, commencing respectively on the 8th, 15th, and 20th of April, and on the 26th of April and the 6th of May, Prof. Fergusson, F.R.S., will resume his lectures, in continuation of his course of last year, on the Progress of Surgery during the Present Century.

ST. MARY'S HOSPITAL.—His Royal Highness the Prince of Wales has graciously consented to lay the foundation-stone of the enlargement of this hospital, recently decided on by the Board of Governors in consequence of the growing necessity for increased accommodation for the sick poor. The ceremony will take place in the month of May next, after the return of the Prince from Ireland. The foundation-stone of the present building was laid by the late Prince Consort in 1841; the hospital was completed and opened for patients in 1851. It is to be hoped that the present generation may see it enlarged to the extent of the original plan, designed for the accommodation of three hundred and fifty patients.

FORMATION OF A MEDICAL SOCIETY FOR THE EAST-END.—A second meeting of East-end practitioners took place at the Beaumont Institution, Mile-end, on Tuesday last, the 21st inst., Dr. Ansell in the chair, when the final steps were taken —viz., the election of president, vice-presidents, council, and officers for the formation of the Beaumont Medical Society. The meeting was well attended, and we think that our East-end brethren have taken a step in the right direction.

QUINQUECENTENARY JUBILEE OF THE UNIVERSITY OF VIENNA.—This University was founded on the 12th of March, 1365, and great preparations are now making to celebrate the five hundredth anniversary. Dr. Sigmund, in a letter to the *Imparziale*, states that October will probably be chosen for the festivities, in order to allow medical men from all parts to be present. It is stated in the same letter that the most liberal new regulations have been introduced into the Faculty of Medicine, and that the beds in the different hospitals of Vienna are now no less than 4000.

DANGERS OF PRACTICE.—Dr. James L. Lockhead, of Greenock, has recently fallen a victim to fever, caught whilst in prosecution of his duty. He died on the 17th instant. The deceased is the sixth medical practitioner who has died of fever in Greenock within the last few months.

MEDICAL VACANCIES.

Birmingham General Dispensary—Two Junior Resident Surgeons, vice Mr. Elkington, resigned.
Clun Union—Medical Officer.
Eastern Dispensary, Whitechapel—Physician, vice Dr. Munk, resigned.
Stamford, Rutland, and General Infirmary—House-Surgeon, Apothecary, and Secretary.

MEDICAL APPOINTMENTS.

J. ALLARTON, M.R.C.S.E., has been appointed Medical Officer for District No. 11 of the South Molton Union, Devon, vice R. H. S. Spicer, M.D., resigned.
P. ALLEN, M.D., has been appointed Medical Officer for the Northern District of the Lancaster Union, vice Hunt, resigned.
T. BLACKWOOD, L.R.C.P.Ed., has been appointed Medical Officer for the Wednesbury 2nd District of the West Bromwich Union, Staffordshire, vice J. Dace, M.R.C.S.E., deceased.
W. BLENKSOP, M.R.C.S.E., has been appointed Medical Officer for the Redhill Workhouse of the Hendon Union, Middlesex, vice E. Shaw, M.D., resigned.
M. BRODIE, L.R.C.P.Ed., has been appointed Medical Officer for District No. 9 of the Morpeth Union, Northumberland, vice W. Dewar, M.D., resigned.
S. J. CONNOR, M.D., has been elected Medical Officer and Public Vaccinator for the Carlow Dispensary District of the Carlow Union, vice S. Connor, M.B., deceased.
W. A. DENE, M.R.C.S.E., has been appointed Medical Officer for the Hartland District of the Bideford Union, Devon, vice R. R. G. Thomas, M.D., resigned.
E. DES FORGES, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 6 of the Beverley Union, Yorkshire, vice J. Hill, M.R.C.S.E., deceased.
A. EVSON, M.R.C.S.E., has been elected House-Surgeon and Secretary to the Dorset County Hospital, Dorchester, vice G. M. Evans, M.R.C.S.E., resigned.
E. FENN, M.R.C.S.E., has been appointed Medical Officer for the Maresfield District of the Uckfield Union, Sussex, vice J. Jones, M.R.C.S.E., resigned.
D. M. FORBES, M.D., has been appointed House-Surgeon to the Leith Hospital and Edinburgh and Leith Humane Society and Dispensary, vice Compson, resigned.
A. GRACE, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 1 and the Workhouse of the Chipping-Sodbury Union, Gloucestershire, vice H. Brookman, Ext. L.R.C.P.L., resigned.
G. W. HATCHELL, M.D., has been elected a Member of the Council of the Royal College of Surgeons, Ireland, vice W. Healy, M.B., deceased.
G. HAYCOCK, M.R.C.S.E., has been appointed Medical Officer for District No. 4 of the Parish of St. Matthew, Bethnal-green, vice B. J. Shaw, M.R.C.S.E., resigned.
E. A. HEDLEY, M.R.C.S.E., has been appointed Medical Officer for District No. 5 of the Morpeth Union, vice J. Vardy, M.R.C.S.E., resigned.
R. N. INGLE, M.D., has been elected Medical Officer and Public Vaccinator for the Pendleton District of the Salford Union, vice J. Achburner, M.D., resigned.
R. JONES, M.R.C.S., has been appointed Surgeon in Ordinary to the Chorlton upon-Medlock Dispensary, Manchester, vice W. J. Winn, M.R.C.S. resigned.
G. A. D. MAHON, M.R.C.S., has been appointed Resident Registrar to St Mary's Hospital.
A. KITCHING, M.D., has been appointed Medical Officer for the East District of the Kingston-upon-Hull Incorporation of the Poor, vice J. F. Holden, M.R.C.S.E.
J. LOCKWOOD, M.R.C.S.E., has been appointed Medical Officer for the Kirkburton District of the Huddersfield Union, and for the Emley and Flockton Districts of the Wakefield Union, vice J. Tatterson, L.S.A., deceased.
F. METCALFE, M.R.C.S.E., of Inglethorpe Hall, near Wisbech, Cambridgeshire, has been appointed House-Surgeon to the Torbay Infirmary and Dispensary, Torquay, vice R. C. S. Stocker, M.R.C.S., resigned.
C. F. MOORE, M.D., has been appointed Assistant-Physician to the Cork-street Fever Hospital and House of Recovery, Dublin; he has also been appointed Medical Attendant to the South City Dispensary (No. 3), Dublin.
H. MUSCROFT, L.R.C.P.L., has been appointed Medical Officer for the Union Workhouse, Pontefract, Yorkshire.
E. O'RYAN, M.D., has been elected Medical Officer and Public Vaccinator for the Clashmore Dispensary District of the Youghal Union, Co. Cork, vice F. M. Luther, M.D., appointed to the Cappoquin Dispensary District of the Lismore Union.
P. F. ROBERTSON, M.D., has been appointed Certifying Factory Surgeon for the District of East Kilpatrick, vice Logan, L.R.C.S.Ed., deceased.

Births, Marriages, and Deaths.

BIRTHS.

On the 5th of Jan., at Secunderabad, the wife of D. C. M'Allum, M.D., of the Hydrabad Contingent, of a son.
On the 22nd of Jan., at Angaston, South Australia, the wife of James S. Millner, J.P., Surgeon, of a son.
On the 4th inst., at Charles-street, Cavendish-square, the wife of G. H. Bailey, M.R.C.S.E., of a son.
On the 7th inst., at Bodmin, the wife of R. Adams, L.R.C.P.Ed., Medical Superintendent of the Cornwall County Lunatic Asylum, of a son.
On the 11th inst., at Portland-place, Torquay, the wife of W. W. Stabb, M.R.C.S.E., of a daughter.
On the 12th inst., at City-road, the wife of Edmund Lloyd, M.R.C.S.E., formerly of Wakefield, prematurely of a daughter, still-born.
On the 13th inst., at The Crescent, Carlisle, the wife of Dr. Wheatley, of a son.

On the 14th inst., at the Royal Dockyard, Chatham, the wife of J. R. Holman, M.D., of a daughter.
On the 19th inst., at Gay-street, Bath, the wife of W. H. Brace, L.R.C.P.Ed., of a daughter.

MARRIAGES.

On the 14th ult., at Youghal, F. Bradshaw, M.D., Assistant Colonial Surg., Sierra Leone, to Nannie, daughter of R. Stanistreet, Esq., of Youghal.
On the 6th inst., at Ventnor, Isle of Wight, H. Stevens, M.D., of Grosvenor-street, to Mrs. Ellen Ophelia Beckett.
On the 15th inst., at Bradford, Yorkshire, Philip Miall, M.R.C.S.E., to Elizabeth, daughter of the late J. F. Leeson, Esq.

DEATHS.

On the 4th of Jan., at Old Calabar, Western Africa, T. Simpson, M.D., of Kilbirnie, Ayrshire.
On the 23rd ult., J. Hill, M.R.C.S.E., of South Cave, Yorkshire.
On the 10th inst., Thos. Willey, M.R.C.S.E., of Littlethorpe, Leicestershire, aged 44.
On the 12th inst., R. Bullen, Surgeon, of Bampton, Oxfordshire, aged 84.
On the 13th inst., at Hollies-street, Dublin, Dr. John Murphy.
On the 14th inst., C. H. Morrison, M.R.C.S.E., of Rock Castle Mills, Dunmanway, Co. Cork.
On the 16th inst., Jas. Lord, M.R.C.S.E., of Fleetwood, Lancashire, formerly of Bury, aged 45.
On the 17th inst., at Tivoli-place, Kingstown, Dublin, G. Ribton, M.D.
On the 19th inst., Robt. Gray Maxwell, F.F.P. & S. Glas., of Millport, Isle of Cumbrae.
On the 19th inst., at Lime-tree House, Watford, Herts, Fanny Elizabeth, the wife of Alfred T. Brett, M.D., aged 31.
On the 20th inst., at Brixton, Maria, the wife of Charles Harden, M.R.C.S.

BOOKS ETC. RECEIVED.

Works of Sir Benjamin Brodie. Three Vols.
Dr. Haldane's Lecture on the Practice of Medicine.
Mr. Adams on Curvature of the Spine.
Prof. Tyndall on Heat as a Mode of Motion.
Dr. Bacon on Primary Cancer of the Brain.
Carpenter's Manual of Physiology.

Medical Diary of the Week.

Monday, March 27.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Mammalia."
ROYAL GEOGRAPHICAL SOCIETY.—8½ P.M.

Tuesday, March 28.

GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Masson, "On Recent British Philosophy."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. Roberts (of Manchester), "On the Solvent Treatment of Urinary Calculi."—Dr. H. Weber, "On Delirium during the Decline of Acute Diseases."

Wednesday, March 29.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Mammalia."
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Lumleian Lectures: Dr. Handfield Jones, "On some points in the Pathology of Nervous Disease."

Thursday, March 30.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—4 P.M. Mr. Charles T. Newton, "On Recent Additions to the British Museum from Rhodes, &c."
CHEMICAL SOCIETY.—8 P.M. Anniversary Meeting.

Friday, March 31.

WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Mammalia."
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Lumleian Lectures: Dr. Handfield Jones, "On some points in the Pathology of Nervous Disease."
ROYAL INSTITUTION.—3 P.M. Mr. James Glaisher, "On Aërial Researches."

Saturday, April 1.

ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Marshall, "On the Nervous System."

To Correspondents.

Omega.—The number of candidates reported to have been successful at the recent examinations at Chelsea for medical appointments in the Queen's and Indian armies are as follows:—For the Queen's service, 39; for the Indian service, 27; total, 66. But these gentlemen have yet to go to Netley, and to pass through another examination after their course of study at the Army Medical School before their appointments will be confirmed. The number of vacancies to be competed for at the *next* examination in London has not yet been announced, neither has the date of examination been yet settled. An editorial analysis of the recent list of successful candidates for medical appointments in the army appeared on the 11th inst. in a contemporary. The calculations are based on the supposed fact that the highest number of marks attainable at the Chelsea and Netley examinations was 6000. This is an error. The highest number of marks attainable at the London examination is 3400, of which 300 are for the optional examination in Natural History; and the highest number at Netley, 3300; together making the whole highest number attainable 6900.

AMENDMENT OF THE MEDICAL ACT.

To the Editor of THE LANCET.

SIR,—Your late admirable leader on the Amendment of Clause 40 of the Medical Act, proposed by the Branch Councils of England, Scotland, and Ireland, has, doubtless, been read with general satisfaction. I must, however, take exception to the amended clause of the English Branch Council; and I feel assured that if their view of the necessary amendment be adopted by Parliament, we shall be exactly where we are at present: the same grievances will exist, and the same insuperable difficulties to any efficient application of the penal clauses of the Act will be found to prevail. The object of the Medical Act is to enable the public to distinguish between qualified and unqualified practitioners, and in order to carry out this object an official Register is published, containing the names of all medical practitioners who choose to place themselves upon the Register. Now, it has been clearly proved that the public are unable to distinguish between qualified and unqualified practitioners, because there are a certain number of medical men who, though qualified and practising, decline to place themselves upon the Register. What is the remedy? How can the object of the Act be most efficiently carried out? Clearly by compulsory registration, and by compulsory registration only. As long as registration is merely voluntary, so long will there be men who are not upon the official Register, and the public can never be sure that a man is not a qualified practitioner because his name does not appear upon the official list. The Branch Councils of Scotland and Ireland and the able Solicitor of the Medical Council have seen the difficulty most clearly. The Scotch and Irish Branch Councils recommend compulsory registration; the English Council recommends voluntary registration. The reason given for not enforcing registration upon all is, that it would press hardly upon distinguished men of science, like Drs. Miller and Cobbold, who, though possessed of medical titles, do not practise their profession. Now, Sir, it appears to me that the General Medical Council have to legislate for the great mass of the profession, and not for half a dozen distinguished men of science. It is to be deplored that compulsory registration should be a hardship upon the eminent gentlemen, though how the payment of £5, and the entry of their names, qualifications, and places of residence upon the Medical Register can be considered a hardship and injustice passes my comprehension. However, these handful of eminent gentlemen must know that circumstances have rendered it most desirable that registration should be compulsory upon all medical men, and I feel sure that their sense of justice would lead them to make the trifling concession of registering themselves, if by so doing they could smooth the difficulties and lighten the arduous labours of their less distinguished medical brethren.

You state, with your usual clearness, that the attempt to legislate for these exceptional cases "involves considerable complications and difficulties," and that the proposal of the English Branch Council, that a man must prove his right to registration in a court of law if unregistered, "may be a source of much difficulty in a magistrate's court," and would involve the additional difficulty of adding a clause "defining what shall be considered evidence of qualification to register." So we have all these manifold difficulties, which are pretty sure to prove insuperable, and to leave us with an amended Clause 40 not one whit more efficient than the present clause, simply because half a dozen scientific medical gentlemen consider it to be *infra dig.* to register, and because the English Branch Council chooses to throw overboard the interests of the profession, and to legislate for a few exceptional cases. The action of the Scotch and Irish Branch Councils contrasts most favourably with that of their English coadjutors. The interests of the profession, and the profession alone, have been the object of their solicitude. The English Council, in attempting to reconcile the interests of the profession with the supposed privileges of a few distinguished men, have proposed a clause which makes legislation on the subject most difficult and hazardous, and promises to leave us in a worse plight than we are at present.

I hope the profession will discuss in your columns the probable effects of such legislation as the English Branch Council proposes, and also, by a free expression of opinion, enlighten the General Medical Council as to what it considers to be the means by which a really efficient Medical Act may be obtained.

I remain, Sir, yours truly,
March, 1865. C. H. B.

C. B. A.—1. The proper course would have been for Mr. —— not to have taken the fee.—2. Yes, to a moiety of the fee.

Automaton.—Library of the British Museum, and of the Royal College of Surgeons.

LIEBIG'S ESSENCE OF MEAT.

To the Editor of THE LANCET.

SIR,—In reference to the inquiry of Dr. Lalor as to where Liebig's Essence of Meat can be procured, I beg to say I have, through the kindness of Baron Justus von Liebig, arranged to have the first supply that can reach this country, and the moment it arrives I shall, with your permission, make it known through your columns.

Your obedient servant,
Dietetic Depôt, Princes-street, Cavendish-square, G. VAN ABBOTT.
March 17th, 1865.

THE "TIVERTON GAZETTE" AND THE RECENT ELECTION OF SURGEON TO THE WORKHOUSE.

THIS is scarcely a local question calling for our special criticism. Such at any rate will not be expected on the mere rumour contained in the article of the *Tiverton Gazette*. While thanking this journal for its horror of false titles and low fees, we would rather see points of difference between MR. ASHFORD and his medical brethren fully discussed, and, if possible, settled by the profession itself. It is only after the failure of this course that such matters ought to be discussed in the newspapers, and then facts, and not rumours, should be the basis of criticism.

C. F.—Apply to the Registrar-General's Department, Somerset House.

THE REACTION OF IODINE ON OIL OF TURPENTINE.

To the Editor of THE LANCET.

SIR,—In answer to your correspondent, "F. W.," who desires to know the nature of the decomposition which takes place when turpentine is added to iodine in the solid state, I forward the following observations, which arose from a special research made some time ago in a similar direction.

The singular reaction of iodine and turpentine is one the study of which will repay investigation. I will now proceed to detail my experiments, with the results.

When oil of turpentine is added to iodine in a solid (pulverized) state, a violent action takes place, accompanied with a copious evolution of gas. If the turpentine be added cautiously to the iodine, contained in a flask, and the evolved gas conducted into a bottle containing a solution of caustic potash, complete absorption takes place. The gas is colourless, and reddens moistened litmus-paper. On testing the potash solution, we obtain distinct indication of iodine; hence the effervescence is due to the emission of hydriodic acid gas. By mixing four equivalents of iodine and one of turpentine, a dark red, non-fuming, semi-fluid mass is produced, easily becoming liquid on the application of heat. The reaction did not appear complete; for on treating it with chloroform, the characteristic rose-red tint of iodine was produced. On adding a further proportion of turpentine, the temperature rises to between 280° and 300° F., and the action is much more violent. It might be known to be complete when on the further addition of turpentine the temperature remains unaltered, and the liquid no longer yields a rose-red tint with chloroform, nor is gas any longer evolved. We now obtain a dark-green liquid, which does not produce any coloration when added to a solution of starch. This liquid is readily miscible with turpentine, benzole, and chloroform, yielding dark-green solutions with turpentine and chloroform, and a reddish solution with benzole. It does not mix with wood naphtha. It possesses the characteristic odour of tereben, and probably consists of this substance and iodturpentin. By agitation with caustic ammonia or potash, it first becomes of a deep red colour, and finally the iodine is entirely removed, leaving a yellow oily liquid. Alcohol and mercury produce the same result.

I have not succeeded in obtaining the vapour density of this liquid, neither have I examined its action on a ray of polarized light. I have not succeeded in isolating from this liquid iodturpentin, which should correspond with the chlorine and bromine compounds, and in which four equivalents of iodine should replace four equivalents of hydrogen. Expecting to arrive at this result, I submitted the product to distillation to remove the excess of turpentine. The first portion which came over was a colourless oily fluid, and as the operation continued, the receiver being changed, a dense, blood-red, strongly-fuming liquid came over, and which reacted like iodine in producing, when added to a solution of starch, a blue precipitate. It now gave deep red solutions with chloroform, ether, benzole, and turpentine, and is readily miscible with wood naphtha, producing a red solution. Its boiling point is 298° F., and it sinks readily in water without communicating any colour. When treated with ammonia, it yields iodide of ammonium and a small quantity of teriodide of nitrogen. Although there is strong reason for suspecting the presence of free iodine, it produces no change further than imparting its colour, on turpentine, even when added in large excess, and still produces the blue precipitate on the addition of a solution of starch. This liquid consists principally of the hydriodate of oil of turpentine. Before applying the starch test, the liquid should be allowed to remain for some time to cool.

If your correspondent applied the starch test without taking this precaution, it will explain the non-appearance of the blue colour to which he refers.

I remain, Sir, yours, &c.,
WILLIAM HOOPER, Operative Chemist.

Pall-mall East, March 16th, 1865.

Vox Populi.—1. Not as an apothecary; but the diploma would confer on him the same privileges which it confers on its possessor in Scotland. — 2. He could with the licence of the College of Physicians, but not with a Scotch degree.

Inexperienced should observe for himself, and not be carried away by every wind of doctrine.

Mr. Alison's communication shall be attended to next week.

BLACK LIST OF MEDICAL ASSISTANTS.

To the Editor of THE LANCET.

SIR,—"Fair Play," I think, does me an injustice, because he is not sufficiently informed. The experience of every employer, whether professional or commercial, is that a bad man may deceive half a dozen principals in succession by trading upon an old character, and suppressing all the facts of his *late* employment and misconduct, covering himself by an allegation of having been "ill at home," "away on a voyage," &c. No medical man is proof against such deceptions. A conscientious agent using such information as may be sent to him by principals who have been deceived could fulfil a very useful function, and whilst having complete information, never would use it in the spirit in which "Fair Play" imputes. As to the practice being un-English or unfair, I can only say that it never appears to me to be "un-English" to stop the career of a mischievous, dishonest, or wicked person. I do not profess to be infallible; but I think I can measure the value and the animus of reports sent to me with some exactness, and I shall always be ready to act in the spirit of the good old English maxim, "Give the prisoner the benefit of the doubt."

I am, Sir, yours obediently,
J. BAXTER LANGLEY, M.R.C.S.

Lincoln's-inn-fields, March 18th, 1865.

J. S., (Manchester.)—We are not acquainted with any other scales of charges that have been published. The subject relating to such a tariff is beset with extreme difficulty. Only general principles can be laid down, and these should be as simple as possible.

F.R.C.S., (Wantap.)—Apply to Dr. Reed, Temple-bar, Fleet-street, E.C.

FEES OFFERED TO MEDICAL MEN FOR GOVERNMENT LIFE ASSURANCE.

To the Editor of THE LANCET.

SIR,—I shall be glad if you will allow me to correct a statement in the letter of Dr. R. Martin, of Warrington, in your last impression. It relates to the subject of fees offered to medical men for Government life assurance examinations. In the letter referred to, Dr. Martin says:—

"At the time I was under the impression that every proposer would have to undergo examination, and if so less than the ordinary fee might be taken for sums under £100; but I have since discovered that if the gratuitous reports obtained by the proposed assurer are satisfactory, he will not come under the notice of the medical officer; only cases about which there is doubt are to be referred. So that the duty involved is more responsible than is that imposed by the offices I have anything to do with, which send every case for examination."

Now, on this point I am in a position to remove the misconception that would prevail if we trust to a part of this paragraph—viz., "I have since discovered that if the gratuitous reports obtained by the proposed assurer are satisfactory, he will not come under the notice of the medical examiners; only cases in which there is doubt will be referred" to them. For I have ascertained on good authority that all persons proposing to assure their lives under the Government Assurance Act will have to undergo an examination. It is obvious that there may be some cases where the preliminary information from an employer, relating to habits and occupations, will at once lead to a refusal. I cannot agree with Dr. Martin that the fees offered (2*s.* 6*d.* and 5*s.*) are "a wretched pittance" for the work to be done; nor do I consider there is anything derogatory to the interests or honour of the profession in accepting these appointments. On the contrary, medical men who have much practice amongst the working classes will find them worth having. The fees are infinitely more liberal than those paid under the Vaccination Act, and better than what are paid generally for Club practice. To insist upon a fee of 2*s.* 6*d.* for granting certificates of sickness to persons belonging to clubs will perhaps follow the present plan of taking small fees. It must be remembered that we are not required to stir from home at uncertain hours to make these examinations, and that the time consumed, including auscultation, after a little practice, will not exceed twenty or thirty minutes. I believe a large amount of money will annually be paid to the medical profession for these examinations; and, what in future years will be equally beneficial when life assurance becomes more generally known, the sums payable after death will furnish a means of settling the *doctor's bill*, which now in too many instances is an utter impossibility for want of resources.

I remain, Sir, your obedient servant,
Mornington-road, March 22nd, 1865. WM. HARDWICKE, M.D.

James B. B., we fear, will be disappointed. The colony named is overrun by medical practitioners, and, if all accounts be true, some of them ar accustomed to more rough-and-ready ways than would be practised in the mother country.

Mr. Henry S. Taylor's letter arrived too late for insertion in our present number.

THE LAST INDIAN MEDICAL WARRANT.

To the Editor of THE LANCET.

SIR,—Although Sir Charles Wood's last Warrant has improved the condition of the medical officers of the Indian army, still the old complaint of not getting the pay of their rank is unredressed. By glancing at the accompanying table you will see that the pay of the medical officer is still inferior to that of the combatant:—

Pay of 2nd In Command of a Native Infantry Regiment.	Pay of a Medical Officer in Charge.	Balance in favour of the Combatant.
Lieut.-Colonel... ... 1158 rs.	Surgeon-Major... 1000 rs.	158 rs.
Major... ... ... 910 rs.	Surgeon ... ... 800 rs.	110 rs.
	Assist.-Surgeon after 5 years ... 600 rs.	45 rs.
Captain ... ... 645 rs.		
Lieutenant ... ... 495 rs.	Ditto, under ... 450 rs.	45 rs.

This still looks like keeping up the old tradition of the implied inferiority of the medical officer. Sir Charles Wood has gone a good way to silence complaint; still I think it right to point out where he has stopped short. You see I am reasonable in only asking for the pay of a "second in command." There are, however, many who consider their pay should be the same as that of commanding officers, who receive according to rank as follows:—

Lieut.-Colonel commanding a native infantry corps ...			1488 rs.
Major,	ditto	ditto ...	1240 rs.
Captain,	ditto	ditto ...	975 rs.
Lieutenant,	ditto	ditto (very rare) ...	625 rs.

I remain, Sir, faithfully yours,
February 4th, 1865. EXUL PATRIA.

Ajax.—Aconite is used in the treatment of certain forms of rheumatism and neuralgia. Circumspection must be employed when really good preparations of it are administered, as it is a very potent agent.

J. J., M.D.—Under such circumstances the certificate of proficiency from a Government inspector is not required.

SUBCUTANEOUS INJECTIONS.

To the Editor of THE LANCET.

SIR,—Your correspondent, "W. G." asks various questions in your last number about subcutaneous injections. He will find the fullest information in a series of papers by Mr. Charles Hunter in THE LANCET of October, 1863, under the head of "Hypodermic Treatment." In these papers "W. G." will find examples of the diseases for which the treatment is most valuable, and the various precautions necessary in operating, &c.

I am, Sir, yours obediently,
March 18th, 1865. H. P. B.

D. B. U. R.—In all but exceptional cases, it is better, unless the illness be very severe, that no charge be made for attendance upon the sons of medical men in public schools. Much trouble may be caused by such illnesses; but it is well to exercise liberality in such a matter.

THE ABUSE OF MEDICAL CHARITY.

To the Editor of THE LANCET.

SIR,—I am desirous of directing your attention and that of the profession generally to a subject deeply affecting us as a body, as well as individually, and in which I think all will agree that there is much need of reform—viz., medical charity. Far be it from me to detract from or say aught against the true nobility of spirit which makes the medical profession the greatest benefactors, or the large-heartedness which causes so many of our brethren to give so much valuable advice and service without any remuneration. It is even well that we should rather err a little by relieving some not wholly worthy objects of our charity than that any really deserving should go unrelieved. But it seems to me, and I am sure that many, especially of the less wealthy of the profession, will feel deeply the truth of what I write, that medical charity has gone too far, and, moreover, gives symptoms of going yet further, even to the serious detriment of many honest, hard-working practitioners amongst us. To the really poor we grudge nothing. The best medical and surgical advice and care in the land are accessible to the humblest of our race, and we rejoice in the knowledge of the fact; but there is a large class of persons seeking the benefits of our medical charities that are not only undeserving of succour, but whom it is really cruel towards our fellow-practitioners to relieve. No one can have been connected with one of our large dispensaries or hospitals, especially at the West-end, without knowing how many are constantly getting advice and medicine gratuitously for which they can well afford to pay, at least something. Now, it is certain that nothing can be further from the intended spirit and purpose of these charities than to relieve those whom proper pride or a right spirit of independence should teach not to accept for nothing that for which they can honestly afford to pay. There is nothing concerning which a large class of persons display such meanness as in matters of medical remuneration; and if advice is to be had for nothing, there are many who avail themselves thereof, however unjustly they may be entitled to such relief. But the harm done by the practically indiscriminate system of seeing out-patients, at present too commonly adopted, is as nothing compared to that which many dispensaries encourage—viz., the visiting of patients, too ill to come to the dispensary, at their own homes. I do not hesitate to say that this system, shamefully abused as it so frequently is, takes the very bread sometimes from the mouth of the struggling practitioner. The reply is generally, "that patients must get a letter before they can be thus attended;" which argument will not weigh much with those who know how carelessly letters are given, especially by the rich: often they are left with the footman or housekeeper, to give to their friends, or to the first chance person who may happen to call and beg one. Home visiting on the part of dispensary surgeons is one of the most crying evils with which the general practitioner has to contend. And the necessity for such visiting, except in rare cases, is not clear; for either the person is really a pauper, when, if the illness is slight, the parish doctor is surely all-sufficient; or, if more severe, then is admission easily procurable into general hospitals; or else, if not a pauper, what reason is there why some local medical man is to be robbed of the small payments that such patients are able to offer? Again and again I have been called to those well able to afford 2s. 6d. and 3s. 6d. a visit, but who like the cheap and easy system of being visited and supplied with medicine gratis.

I know the wife of a really wealthy tradesman in my neighbourhood, who has herself confessed to me that she has taken her children on several occasions to Great Ormond-street, to get, as she expressed it, "the best advice," for which, nevertheless, she was not disposed to pay.

Space forbids me to quote the numberless instances which have come under my own notice, and for the truth and correctness of which I can therefore vouch, in which medical charity is thus openly abused, to the evident cost of those who find their profession one sufficiently hard to live by.

There is too much underbidding in our ranks as it is, without this gratis rivalry, and it is high time that professional attention should be awakened to the subject, in order that the general practitioner be no longer cheated of his rightful dues.

As THE LANCET is ever the great champion of professional rights, I trust that you, Sir, will give the subject free ventilation, and so draw forth suggestions that may be valuable in checking this serious and daily-increasing evil.

I am, Sir, your obedient servant,

March, 1865. VIGILANS.

A. W., (Mile-end-road.)—There is a salary attached to the office, varying in amount at different stations.

SUBSCRIPTIONS FOR MRS. THOMAS.

THE following sums have been received in aid of the above Fund:—

Chas. Chowne, Esq., Dorset-square	£1	1	0
Miss A. Ashton, per G. C. Jonson, Esq.	1	0	0
Dr. J. S. Clarke, per Mrs. J. Watts	1	1	0
Dr. Cass, Cowes	0	10	0
Mrs. Cass, ditto	0	10	0
Admiral Batsey	0	5	0
Mrs. A. Liddell	0	2	6
Mrs. Hogge, King's Lynn, per Coutts and Co.	1	0	0
The Widow of a Physician, ditto ...	5	0	0
L. T. Cumberbatch, Esq., ditto ...	1	0	0
J. Osborne, Esq., ditto ...	1	0	0
W. A., ditto ...	0	5	0
Mrs. Cruikshank, Bexley, ditto ...	1	0	0

M.R.C.S. and L.S.A., (South Belgravia.)—There is no such University either in England or abroad.

THE ARMY MEDICAL SERVICE EXAMINATION-LIST.

To the Editor of THE LANCET.

SIR,—In the report of recent examinations held at Chelsea and Netley for the Army Medical Service, that was forwarded to you from the Director-General, are many errors, one of which relates to me. It states that I have been educated at Cork, thereby implying that I am an Irishman. I must beg that you will allow me to deny this: for I am an Englishman, and have derived my education from London and Paris.—Yours very faithfully,

Pitt Rectory, Tiverton, Devon, March 20th, 1865. CHARLES SPURWAY.

W. C.—The dose depends upon the proportion of strychnine contained in the preparation. The usual proportion is one grain in 100, and this should be stated on the druggist's label. The dose may then range from three grains to five or more, according to circumstances.

PURIFICATION OF THE PRESS.

THE *Clonmel Chronicle* excludes all obscene and all quack medical advertisements of every kind.

Mr. S. Nevington (Ticehurst) will oblige by sending the article.

Scrutator.—The "series of letters" alluded to form a disgraceful piece of professional impertinence and ignorance. That many are deluded by their publication, we do not doubt.

T. B.—Hammond's filthy treatise is becoming a public nuisance. There is scarcely a post by which we do not receive complaints of the scandalous manner in which it is circulated amongst private families.

D. K.—Wilson's work, published by Tallant and Co.

GASTRODYNIA.

To the Editor of THE LANCET.

SIR,—I recommend "Dolor" to try the citrate of iron and strychnine, four grains to an ounce of distilled water, three times a day. If no relief should follow in a few days, apply counter-irritation over the epigastrium. I use the compound pitch plaster (four inches by two), to which are added four grains of tartar emetic. When the eruption comes out, the pain will begin to subside. It is a condition of neuralgia, which may or may not be present in the face or elsewhere. When the pain attacks the stomach, the solar plexus is affected. Such cases are often met with in anæmic females and over-worked and over-anxious professional men. Where the pain is merely of functional origin, this treatment will generally effect a cure. Bismuth, opium, &c., only relieve the pain for a time. Of course the diet must be attended to, and neither tea nor smoking be allowed; excess in either will frequently bring on the complaint.

I can speak in the highest terms of this treatment, which was recommended to me by a professional friend of large experience.

I am, Sir, your obedient servant,

Newmarket, Feb. 28th, 1865. W. H. DAY, M.D.

ERRATUM.—In Mr. Tilly's communication respecting the treatment of vomiting after scarlet fever, published in our last number, page 305, the second ingredient in the mixture which he recommends should have been stated as "tincture of cantharides," not "tincture of squills."

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Communications not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from:—Prof. Syme, Edinburgh; Dr. Cobbold; Dr. Althaus; Dr. Piddock; Dr. Philipson, Newcastle; Mr. Fairthrop; Mr. Rochlitz; Mr. Redford; Dr. Wilson, Clay Cross; Mr. Rayner, Manchester; Mr. Cullinan, Ennis; Dr. Williams (with enclosure); Mr. Holt; Mr. Tily; Dr. Maudsley; Mr. Ebsworth; Mr. Mitchell; Mr. Arthur; Mr. Whitfield; Mr. Evans, Garth; Mr. Lomtit; Dr. Foster, Birmingham; Mr. Richard (with enclosure); Dr. Crowther (with enclosure); Mr. Hillyard; Dr. Chowne (with enclosure); Dr. Mackay, Elgin; Dr. Blair; Mr. Ward, Exmouth; Mr. van Abbott; Dr. Ellis, Newcastle; Mr. Hale; Mr. Newington; Mr. Watson; Dr. Cass, Cowes (with enclosure); Mr. White, Filey; Mr. Mahon; Mr. Yem; Mr. Bolton; Mr. Jabez Hogg; Mr. Kent; Dr. Highmore; Mr. Collins (with enclosure); Mr. J. S. Milner, Adelaide; Mr. Cole, Leek (with enclosure); Mr. Allen; Mr. Evershed; Dr. Mayne, Worcester; Mr. Taylor, Guildford; Mr. Gordon; Mr. Alison; Dr. Moore, Dublin; Mr. Brennels; Mr. Knipe, Dublin; Dr. Rasch; Mr. Baxter Langley; Dr. Robertson, Hayward's Heath; Mr. Metcalfe, Torquay; Dr. Brett; Mr. Little (with enclosure); Dr. Lawrance; Mr. Sparway; Mr. Griffin; Dr. Lorraine, Castle Douglas; Mr. C.; Pathological Society; M. R.; Humanitas; Obstetrical Society; T. J., M.D.; H. R. P.; F.R.C.S.; M.R.C.S. and L.S.A.; Physiologist; W. C.; Pharmaceutical Society; E. C.; D. K.; Justitia, Melbourne; A Contented Indian Surgeon; Vox Populi; Assistant-Surgeon, B.A., India; T. B. A. R.; I Paragoni son tutti Odiosi; R. H.; A. W.; C. B. A.; &c. &c.

THE *Oxford Times*, the *Hampshire Independent*, the *Carlisle Examiner*, the *Glasgow Herald*, and *L'Art Médicale* (Bruxelles) have been received.

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